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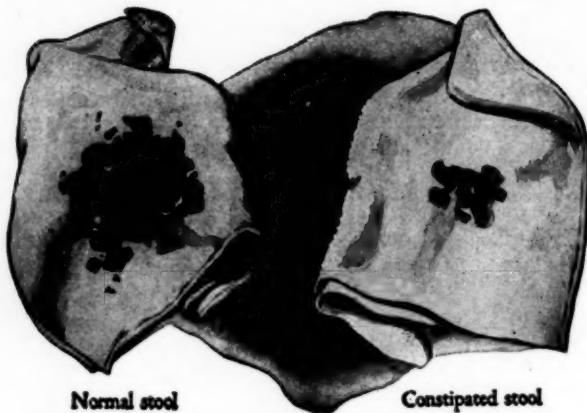
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## A Review of the Progress of Obstetrics and Gynecology During the Year 1926

(Concluded from the January, 1927, issue)

HARVEY B. MATTHEWS, M.D.

and

VINCENT P. MAZZOLA, M.D.  
Brooklyn-New York.

### Radium vs Surgery in the Treatment of Uterine Tumors

The question of radium or surgery in the management of uterine tumors, including cancer of the body and cervix, is still a "burning issue" with many gynecologists. That radium will suffice in certain properly selected cases of fibroid tumors, there can be no argument. It has been shown to be absolutely curative in from 98 to 100 per cent of cases of non-malignant uterine bleeding. Naturally the improper selection of cases will lead to disaster and likewise so will the misuse of any therapeutic agent.

Dr. John Osborn Polak, in a lecture—"Radium versus Surgery in the Treatment of Uterine Tumors"—recently delivered before the Inter-state Post Graduate Medical Association of North America, said "recent literature is so full of discussions on this subject that the practitioner is at a loss to know whether it should be surgery or radium when his patient has a uterine tumor. Yet with a clearer understanding in each case of the existing pathology the decision should be clean and will admit of no difference of opinion. As for example, certain fibroids of the intramural type in the body of the uterus of a size not larger than a three and one half (3½) months pregnancy in which excessive bleeding is the most prominent symptom and in which there is no history of previous pelvic inflammatory diseases, will have the hemorrhage controlled and the size of the tumor reduced by the proper application of radium or X-rays, either alone or in combination. On the other hand, a history of previous infection would be a contra-indication

to their use." Furthermore, with reference to cancer of the uterine body and cervix, he said: "All cases of cancer of the portio cervix and of cancer of the cervical canal falling within the limitations of Group I, that is where the growth is a primary nodule or ulcer wholly within the confines of the cervix with absolutely no parametrial infiltration or induration may be treated with radium, following by intensive X-ray through the parametria to block future lymphatic extension; with less mortality and with better promise of ultimate cure than similar growths treated by radical extirpation.

"The Wertheim operation carries with it a primary operative mortality of from 5 to 10 per cent—and the cures are not greater than can be obtained with radium after the seven year period, for Heyman reports fifty-nine per cent; Ward 52 per cent and Baily and Healy 51 per cent. What surgeons in this country can equal these figures?

"It is generally admitted that group 2 cases have their best chance from radium supplemented by X-ray—and of course, in the inoperable cases where palliative measures, such as radium, the electric cautery, chloride of zinc and liquid acetone, are only used to clear up the discharge and temporarily control the hemorrhage by healing over the ulcerated surface—*surgery has no place.*"

In conclusion the Author calls particular attention to the fact that not only must each case be studied and individualized, but each patient should be examined under anesthesia before electing either radium or operation for its cure.

### Toxemia of Pregnancy

Thalhimer (*Amer. J. Obs. and Gyn.* Sept. 1926) reports a case of eclampsia without convulsions successfully treated with insulin. The patient show a high blood sugar level, acidosis, non protein nitrogen retention in the blood and neptiritis and death of the fetus in utero. From this report the patient's recovery seems to indicate that the relief of her acidosis and the control of her abnormal carbohydrate metabolism with insulin contributed essentially to her recovery.

Stander (*Amer. J. Obs. and Gyn.* Nov. 1926). In consideration of the studies in anesthesia, anoxemia, anhydremia and eclampsia with the view of obtaining some knowledge in the treatment of eclampsia, Stander observed several interesting factors. That working with dogs he noticed an acidosis and a hyperglycemia with general anesthetics. The effect of anesthesia on the acid-base balance of the blood varies with the type of anesthetic used. Ether and chloroform produce a fall in PH. and alkali reserve, leading to an uncompensated alkali deficit, which is probably not dependent on respiratory variation nor caused by the formation of ketone bodies or lactic acid. Rose and Davis, Leake quoted by Stander conclude that ether reduces the activity of the pancreatic secretion, resulting in a hyperglycemia. With nitrous oxide, anesthesia can not be produced unless there is present a certain amount of anoxemia. The latter plays an important role in the production of acidosis and hyperglycemia with nitrous oxide anesthesia. Stander shows figures on anoxemia in which the carbon dioxide combining power dropped over 10 volumes per cent within half an hour of deficient oxygen breathing. This acidosis was accompanied by a marked accumulation of lactic acid in the blood stream, together with a profound hyperglycemia. Stander concludes that the chemical and pathological findings with anesthesia strongly indicate that eclamptic patients should not be subjected to a general anesthesia. The author attributes the reduction in maternal mortality in eclampsia incident to the change from radical to conservative treatment to be due not to the change in procedure but rather to the fact that a much smaller proportion of patients received general anesthesia. The author further concludes the following:

1. The fact morphine sulphate raises the co-combining power of the blood and does not damage the liver, affords justification for continuing its use in the treatment of eclampsia.

2. The chemical and pathologic findings with magnesium sulphate speak against its use in Eclampsia; but further work is necessary before a definite conclusion can be reached.

3. The use of glucose, as well as that of insulin and glucose, seems to be of value in certain cases of vomiting of pregnancy and Eclampsia, but not in all.

4. In the author's experience, a modified stroganoff technic has led to a marked reduction in the mortality in mild cases of Eclampsia.

Miller (*Amer. J. Obs. and Gyn.* June 1926). In the author's 5 years experience he states that at least 40 cases of toxemia and 20 of Eclampsia have been treated with a modified stroganoff method, combined with glucose, with excellent results. With the recent use of insulin the results have been more striking. On the basis of these clinical observations the author makes no dogmatic statement but believes the treatment to be worthy of systematic adoption.

In a study of series of one hundred and forty-eight (148) cases Lazar, Irwin, Vruwink (*Amer. Jour. Obs. and Gyn.* July 1926) treated with magnesium sulphate all cases of toxemia, including Eclampsia and (pre-eclamptic toxemia) forty-five (45) cases had pre-

eclamptic toxemia and one hundred and three (103) patients had eclamptic toxemia. There were fourteen (14) deaths in this series making a gross mortality of 13.6 per cent.

The rationale of the treatment is to control the convulsion by the sedative and anticonvulsive effect of magnesium sulphate. Besides the usual eliminative measures such as phlebotomy, stomach lavage, castor oil, colonic flushing were carried out. With magnesium sulphate the tissue fluids are drawn into the blood stream, thus reducing the edems, and increasing the aqueous content of the blood, diuresis is increased, overcoming acute kidney block and relieving the toxemia. Coma clears up more rapidly because of the reduction of cerebral edema.

The following routine for these cases is as follows: Pre-eclamptic patients with blood pressure of one hundred and fifty (150) or higher, in addition to the usual sedative, eliminative treatment and dietary regulation receive an injection of 20 cc. 10 per cent solution of magnesium sulphate intravenously. The blood pressure is taken twice daily and the intravenous magnesium sulphate is repeated if blood pressure does not drop.

With eclamptic patients, an injection of 20 cc. 10 per cent solution of magnesium sulphate intravenously is given as soon after the first convulsion as possible, and repeated every hour until convulsions are controlled. The blood pressure is taken twice daily and if blood pressure begins to rise, or convulsion recur, the magnesium sulphate is repeated.

From the above study the author concluded the following:

### CONCLUSIONS

1. Intravenous administration of magnesium sulphate in sufficient dosage will prevent the development of convulsions and will control them after their onset.

2. A series of eclamptics is presented which under the intravenous magnesium sulphate treatment shows corrected mortality of 9 per cent.

3. The true nephritic type shows the greatest mortality.

4. Surgical interference in the eclamptic should be limited to assisting labor (in second stages) on definite obstetric indications.

5. Cesarean section in the eclamptic is contra indicated except in the presence of absolute obstetric indication.

### Toxemia of Pregnancy

Observations on the Treatment of the Edema of the Toxemia of Pregnancy with Ammonium Chloride.

Mussey (*Amer. J. Obst. and Gyn.* Feb. 1926).

### SUMMARY AND CONCLUSIONS

The excessive increase in weight in cases of toxemia of pregnancy is usually due to retention of fluid in the tissues, which may not always be recognized as edema. The use of ammonium chloride in conjunction with rest in bed, restriction of diet and fluid intake usually causes an increased excretion of urine. The results obtained in this series of cases justify the continued use of ammonium chloride as a diuretic in similar cases. The increased excretion of urine and loss of edema with resulting loss of weight, probably carries from the tissues sufficient toxin to improve the condition of the patient. In several instances, the improvement was lasting, apparently enabling some of the patients to carry on until a living child could be delivered. The convalescence of a postpartum patient in this series was unquestionably shortened, and probably more severe residual nephritis was averted.

The resemblance between the action of ammonium chloride in certain cases of eclamptic toxemia and cases

of acute glomerulonephritis is rather striking. Although there is usually little or no increased retention of urea in the blood, ammonium chloride should not be used without examinations of the blood for urea and alkali reserve, as manifested in the carbon dioxide combining power.

**Technique**—The patients under observation were kept at rest in bed. The daily diet was limited to 1500 calories containing 50 gm. of protein, with a minimum of salt, and 800 cc. of fluid. In most instances before starting the medication the urinary output was observed for several days and the blood was examined for its urea content and alkali reserve. Up to 10 gm. of ammonium chloride were given by mouth daily, even after diuresis was effected, and if possible, until edema disappeared. Usually a total of from 50 to 100 gm. of ammonium chloride was given. Following the disappearance of the edema, the fluid intake was increased.

**McMahon** (The treatment of eclampsia with blood serum from eclamptics).

In a preliminary report of a study (*Am. J. Obs. and Gyn.* Aug. 1926) of 10 eclampsics treated with blood serum obtained from patients who had had eclampsia, McMahon believes that this form of therapy is worthy of trial. From his series he was impressed by the unusually prompt and unexpectedly favorable reaction which followed this form of therapy. Although he is unable to explain the satisfactory results still he firmly believes that his findings may open a new tract of study in the therapy of this disease.

#### The Intramuscular Injection of Magnesium Sulphate for the Control of Convulsions in Eclampsia

**Dorsett** (*Amer. J. Obst. and Gyn.* Feb. 1926).

Meltzer in 1899 was the first to use the drug experimentally for control of convulsions. Magnesium sulphate besides having anesthetic and relaxing effects has its marked effect on the reduction of intracranial pressure. From the study of a series of 30 cases there were 2 maternal deaths and 9 fetal deaths.

The drug is injected intramuscularly, 15 cc. given as an initial dose. This may be repeated within an hour. According to the author 100 cc. have been given with no ill effects. From a study of a series of 38 cases treated in this manner, he reports 2 maternal deaths and 9 fetal deaths. He also concludes that with magnesium sulphate not only is relaxation accomplished but intracranial pressure is diminished by relieving cerebral edema. Further diuresis is stimulated and this aids in the diminution of general edema. With this form of therapy methods to hasten delivery are not necessary?

#### Experimental Studies on the Toxemias of Pregnancy

**Hofbauer** (*Amer. J. Obst. and Gyn.* Aug. 1926).

The author in his work on the experimental studies on the toxemias of pregnancy considers strongly histamine as a causative factor. His extensive work on the subject led him to make the following conclusions:

##### SUMMARY

1. Following acute histamine poisoning in pregnant guinea pigs, a number of phenomena have been observed which are highly suggestive of premature separation of the normally implanted placenta as it occurs in women: the separation itself, engorgement of the vessels of the uterus and broad ligament, uterine spasm, hemorrhage into various organs, marked shock, and histologically edema of the uterine wall and degenerative changes in the liver and kidneys.

2. In carnivora, under similar conditions, histologic changes are produced which are suggestive of those found in women who died of eclampsia: peripheral necrosis of the liver (both of the anemic and hemorrhagic

type) associated with the formation of thrombi and bile stasis, and in the kidney, degenerative changes in the epithelium of the convoluted tubules.

3. On the other hand, the administration of histamine to carnivora over a prolonged period results in changes in the liver and kidneys suggestive of those encountered in pernicious vomiting. Moreover, evidence has been adduced to show that the production of such changes can be prevented by the simultaneous administration of insulin.

4. The relation of histamine intoxication to the electrolytes in the blood, to the activity of the adrenals and the pituitary, and to the vasomotor center in the mid-brain are discussed, and a possible explanation for the occurrence of hypertension is offered.

5. The striking similarity regarding blood chemistry in eclampsia and acute histamine intoxication is emphasized, and local anesthesia is suggested as the procedure of choice in operations for premature separation of the placenta and for eclampsia. Transfusion forms an integral part of treatment in severe cases of premature separation of the normally implanted placenta. The liberal administration of oxygen—combined with an appropriate supply of glucose—is advocated in severe cases of eclampsia.

6. The possible sources of histamine during pregnancy and its biologic significance are discussed.

7. Finally, it should always be borne in mind that pure histamine and the various substances in the histamine group—a number of protein derivatives of unknown structure—have a similar biologic effect upon the vascular system.

#### Puerperal Sepsis

**Polak** (*Am. J. Obs. and Gyn.*, 1925, X, 521) states that the patient who recovers from a puerperal infection in the blood stream or the local tissues does so as the result of a reaction sufficient to inhibit the further growth of the bacterial invader.

It has been shown experimentally and clinically that antiseptic dyes in a concentration 1:10,000, which is the highest concentration compatible with life, cause irritation of the liver, kidneys, and heart resulting in definite pathological changes. It has been found also that their intravenous use produces an increase in the leucocytosis which is not maintained for longer than twenty-four hours.

Blood transfusion, on the other hand, increases the blood cells, the alkalinity of the blood, the alkalinity of the tissue fluids, and the reaction against bacteria, and improves the function of the eliminative organs.

In his review of the "Treatment of Puerperal Sepsis," Goodman (Ohio State N. J. XXII) brings out several good points that every physician doing obstetrics should remember. Some of them are as follows: (1) The safest obstetrician is the fellow who, in the first place, makes a diagnosis and, in the second place, knows enough not to interfere with Nature's way of doing things; (2) the prevention of puerperal sepsis is far more important than its treatment; (3) in the presence of infection the uterine curet is a very dangerous instrument and should never be used; (4) when obstetrics is done with the same judgment and caution with which major operations are performed puerperal sepsis will cease to occur; (5) in the presence of puerperal sepsis, conservatism is the procedure of choice. Operative interference is seldom, if ever, justified; (6) conservative treatment should consist of prolonged and absolute rest, fresh air, good food and good nursing care. Sera and intravenous injections of chemical have been disappointing. Blood transfusion, the author does not mention.

(Concluded on page 43)

## Progress in Venereal Disease Control for 1926

WALTER M. BRUNET, M. D.,

AMERICAN SOCIAL HYGIENE ASSOCIATION,

New York.

Dr. Hermann M. Briggs is quoted as saying that "Public health is purchaseable and, within given limits, any community can determine its own death rate." If this statement holds good regarding communities, it is even more applicable to individuals. Perfect health in individuals is almost unknown, and our common greeting is, "How are you?"

Sound hygiene and right living are essential factors in any health program. When the broad subject of social hygiene is considered, these factors increase in importance and their field of usefulness enlarges accordingly. Every child is entitled to the knowledge which will enable him to meet and solve his probable social sex problems, and every adult should be informed regarding syphilis and gonorrhea in order that he may be safeguarded from infection.

Increasing attention is being given to social hygiene by state, county and city health authorities in their broad health programs. Despite the fact that federal subsidies have ceased for state aid in venereal disease work there is no question but that the impetus given to the state health officials through these federal grants has resulted in worth while accomplishments. In some states there has been noticed a falling off in appropriations for the continuance of the social hygiene program on the scale which was carried out when money from the Government was available, but in spite of this serious loss of funds it can be said that there has been no decrease in interest.

The activities for 1926 in the medical field have been many and varied. For the past two years the Association has assisted and directed a small number of clinicians in a research problem on the subject of acute gonorrhea. Both the male and the female were considered in arranging for these studies. Briefly, the plan proposed was that one of the newer drugs, mercurochrome, was to be used in a given number of cases, the effect of this medicament noted as contrasted with the routine treatment given in the clinics, and the results carefully tabulated. Out of these studies has come some valuable information. Six of the completed reports have been published in the *Long Island Medical Journal* and reprints of these publications have been sent to all state venereal disease officers and to special groups interested in this subject. The interest created by these studies has led several of the clinicians to pursue other investigations in this field. In carrying on these researches we have received from the clinicians the most cordial aid and cooperation. The manufacturers of mercurochrome have generously donated all of the drug used in these investigations.

For several years, at the annual meeting of the A. M. A., in the Scientific Exhibit Section, there has been held under one of the Sections a special demonstration of some special subject. For the past two years syphilis has received this attention. At the Dallas meeting of the A. M. A., a Special Committee, to cooperate with the American Social Hygiene Association, was appointed by the Urological Section to plan and carry out an Exhibit on Gonorrhea at the Washington meeting. The members of this Special Committee are Dr. F. R. Hagner, Chairman, Dr. E. L. Keyes, and Dr. Alexander Randall, with Dr. Walter M. Brunet representing the American Social Hygiene Association. It has been proposed by the committee that the exhibit at the Washington meeting be limited to Gonorrhea in the Male, and it is hoped that

at the 1928 annual meeting the subject of Gonorrhea in the Female may be displayed. Plans are well under way for the setup of this scientific exhibition and an interesting and valuable meeting is anticipated.

The Association's scientific exhibit material has been used within the past year in a number of important medical meetings. The exhibit was displayed at the Dallas meeting of the A. M. A., at the Atlanta gathering of the Southern Medical Association and at the New York State Medical Society meeting in New York City. A portion of it was also shown at the Regional Social Hygiene Conference in Atlanta and at several other smaller conventions. It is estimated that during the past five years the scientific exhibit has been demonstrated to approximately twenty-five thousand physicians. In this connection, we have distributed up to fifty thousand pieces of literature, the majority of which has been supplied by research workers and specialists in this field of endeavor.

The Association cooperated with the New York State and City Health Departments in promoting and arranging a "Syphilis Day", during the annual meeting of the New York State Medical Society, which met in New York City in May, 1926. This meeting was held at the Waldorf-Astoria Hotel and received the general commendation of the hundreds of physicians who saw the exhibition and attended the series of lectures which followed the demonstrations. The exhibit material was excellently arranged and displayed. The papers, with a description of the exhibits, were timely and valuable and were published by the New York State Medical Journal in a special number and widely circulated. Several other state and county medical associations have expressed their interest in the plan and are contemplating a similar comprehensive demonstration.

A questionnaire study is being carried on with the prenatal clinics throughout the United States as to their methods of examination, diagnosis and treatment of patients who are discovered with syphilis. This Association is cooperating with the Race Betterment Committee of the Medical Women's National Association in this undertaking. A large amount of material is in our hands and a report will be issued within the very near future.

This Association is cooperating with the several special health demonstrations which are being carried on in New York State and City. The Cattaraugus County Demonstration of health work in a rural community has been very active in its social hygiene work. The city demonstration, which is being undertaken in Syracuse and in the Bellevue-Yorkville district in New York City, both report progress in their social hygiene plans. Field visits have been made by members of the staff to these several demonstrations and courses of instruction for the personnel have been arranged and carried out.

Special studies of the prevalence of the venereal diseases have been made in Detroit and Atlanta by the request of and in cooperation with local medical groups. The special feature in these two studies has been the visiting of each clinic and hospital physician, in order to secure the total number of cases of gonorrhea and syphilis which are actually under treatment or operation on a given date. In Detroit, this necessitated about 2,000 visits, and in Atlanta about 1,000. The data is being assembled at this time and the reports will be ready for presentation at an early date.

The Association's cooperation has been continued with the Kings County Medical Society, the East Harlem Health Center, the Venereal Disease Committee of the Charity Organizations Society and the New York Tuberculosis and Health Association. Also, the Association's aid to the several state boards of health, in furthering their social hygiene activities, has been kept operating smoothly. Each of these activities has been a major project of value both to the population of New York and to the country at large, in that the newer developments of ways and means of combating venereal diseases are being carefully experimented with and reported upon.

Articles have been contributed to many leading public health periodicals, both in the United States and abroad, and special emphasis has been laid on such factors as (a) the need for follow-up of venereal disease cases both in clinic and private practice; (b) the need for prenatal treatment; (c) the need for better reporting and (d) the venereal diseases in industry.

The monthly news letter and reprint service rendered to state venereal disease officers, officers of medical societies and other interested persons has been continued and highly commended. This service has been planned to supplement the technical and general information service of the United States Public Health Service and is correlated with the latter.

The Association has been represented at outstanding medical meetings—county, state, and national—during 1926, and requests for information on the medical aspects of social hygiene have been received from all parts of the world in increasing volume. The lecture and special address schedule of the medical members of the staff has been heavy.

#### Educational Activities

1. Preparation and distribution of tentative outlines for series of lectures to freshmen, sophomores, juniors and seniors have been sent to 200 universities and colleges which have appointed social hygiene committees to cooperate with the Association.
2. Outlines of material have been prepared for integration in the subjects of biology, psychology, sociology, education, physiology and hygiene, physical education, domestic sciences, and literature. These outlines have been built up with the aid of the college committees and each section has been sent for critical study to approximately 100 selected educators in that field.
3. The general work of integration of social hygiene education in Negro institutions of learning has been stimulated by the Association's Negro staff member assigned to field work.
4. Specially adapted material and programs have been prepared for use in Junior High Schools and elementary schools, and are being tried out by various selected schools.
5. The Parent-Teacher groups throughout the country have been supplied with lecturers, programs, and materials, and the attendance records available show that more than 25,000 members have participated in meetings to discuss social hygiene.
6. Summer social hygiene courses to train leaders were given this year by the Association in cooperation with Columbia University. The Chautauqua Institution, the University of Utah, the University of Virginia, the National Y. W. C. A., National Y. M. C. A., University of Michigan and other institutions.
7. Special programs and materials have been prepared in cooperation with the Federal Council of Churches for use in promoting social hygiene through the social programs of the churches.
8. A course in social hygiene has been included in the curriculum of the Atlanta School of Social Work (an institution to train Negro social workers) and an Association staff member will give it the first year.
9. Approximately 200,000 educators, social workers, religious leaders, and other persons of outstanding community influence have been reached in 1926 through lectures by the Association's staff.

#### Legal Activities

1. Assistance has been given in the formation of a Social Hygiene Committee in Detroit, together with the conduct of an investigation and preparation of a report on prostitution conditions in that city, as well as the making of a survey of the laws, police and the court policies and procedure. These reports are given credit by the local Committee of leading to the closing of more than 500 houses of prostitution in that city and awakening of public interest in a permanently effective progress of vice repression.
2. Legal measures, surveys and vice investigations have been made in Atlanta, Georgia as a part of the general social hygiene survey on the basis of which a new committee has been formed to apply the recommendations made.
3. Vice investigations in thirty communities in the State of Rhode Island have been made for the State Department of Health.
4. Vice investigations in 35 communities in the State of New Jersey have been made for the State Department of Health.
5. Assistance to the State Department of Health and to County Prosecutors in West Virginia in the enforcement of the new West Virginia Red Light Injunction and Abatement Law has been given and noticeable results achieved.
6. A confidential vice investigation in New Haven with special reference to the university student problem has been made this year.
7. Completion of the study of the "Customer" Amendment made in cooperation with the New York Committee of Fourteen, and the preparation for publication of a report giving results has been accomplished. This study covers the operation of similar laws in 12 states. These laws provide that the person offering pay for sexual gratification is equally guilty with the person receiving the pay.
8. Cooperation in other law enforcement activities and exchange of experiences with secretaries of the Committee of Fifteen, Chicago; Committee of Fourteen, New York; Committee of Thirteen, Minneapolis; the Social Hygiene Committee in Detroit, Michigan, and other law enforcement agencies have been actively promoted to mutual advantage.
9. Recommendations have been prepared for use in Cleveland, Ohio, in connection with the establishment of a new Woman's Court in that city.
10. The number of lectures, addresses and group conferences on law enforcement measures have been approximately the same as for previous years, but the invitations selected for acceptance have been more largely from Chambers of Commerce, Rotary, Kiwanis, and Lions Clubs, Woman's Clubs and other agencies which have given promise of earlier and more effective follow-up activities than in some of the past years.

#### Protective Activities

1. A chaperonage study has been carried on in 13 colleges and universities throughout the country to get

data on the degree of responsibility assumed by the institutions of higher learning for wholesome social relationships among the students. This work has been done with the knowledge and informal co-operation of the institution authorities and the preparation of a final report now under way.

2. A three weeks' course on the training and functions of Women Police was given at the New York School of Social Work during the year, in which the Association has continued its participation financially and by furnishing part of the teaching and field work personnel.
3. Several pamphlets have been written and others revised during the year. The book, "Women Police", in the preparation of which the Association shared, has been published by the Bureau of Social Hygiene and is gaining an important place in the literature of this field. Its use by the International Police Womens Association is extending its influence and value.
4. In cooperation with the National Probation Association a study was made of control of dance halls and road houses in rural Wisconsin. The report on this study will appear in the *Journal of Social Hygiene*, January 1927.
5. Through addresses and distribution of pamphlets in cooperation with the National W. C. T. U., the National Congress of Parents and Teachers, the General Federation of Women's Clubs, interest has been stimulated in the whole protective measures program; and particularly in promoting the demand for better supervision of both commercial and voluntary amusement enterprises. Progress has also been made through cooperation with these groups in combating the exploitation of salacious literature.
6. Special studies are made of protective agencies and reformatory institutions in many communities, at the invitation of interested official and voluntary community groups; and reports embodying findings and suggestions have been made.
7. The schedules of lectures and field work in connection with these phases of the Association's activities have been unusually heavy. The daily records indicate some 145 speaking appointments and audiences of more than 22,243. A great deal of good newspaper and periodical news space has been given to the objects and substance of these meetings.
8. In cooperation with the Bureau of Social Hygiene and the National Council of Women the Director of the Department of Protective Measures, who is also President of the National Council visited the National Council of Women in Central Europe to promote concerted action for an Equal Standard of Morals and other policies of importance to social hygiene.

#### Public Information Activities

1. Field promotion work has been redoubled during the year and has resulted in stimulating the activities of local and state agencies dealing directly or indirectly with social hygiene problems. This is particularly true of the New England states, the Southern states and the West coast where some of the more recent affiliated agencies have especially asked for personal visits and aid from staff members.
2. A general social hygiene survey has been made in Atlanta, Georgia, at the request of local agencies which have pledged themselves to set up and support an active social hygienic organization during 1927 with a full-time executive.
3. A widely-attended regional conference was also

held in Atlanta, the results of which promise increased strength in social hygiene work in the South next year.

4. The Journal of Social Hygiene has continued to grow in circulation and has received much favorable mention in the public press this year. Special interest is being shown in the Eliot memorial issue—November 1926. Among its outstanding contributors, reprints of whose articles have been used in special programs, are John Palmer Gavit, Reverend A. Maud Royden, Sir Arthur Newsholme, Professor Hornell Hart, Paul Popeno, B. C. Gruenberg, Harry B. Torrey, Katherine B. Davis, Harold G. Villard, C.-E. A. Winslow and others of similar high qualifications and experience.
5. Social hygiene has been included in some of its phases in the programs of most of the important state and national conferences in the fields of health, education, science and religion during 1926.
6. On invitation a confidential study was made of social hygiene conditions in several of the Florida tourist camps early in the year.
7. Continued use has been made of Association pamphlets, exhibits, motion pictures, Journal and special article material by State and City Boards of Health, and other voluntary and official agencies both in the United States and abroad, the materials being distributed by the Association wherever possible on a cost basis.

#### Foreign Activities

1. One of the items of the 1926 program on which special report should be made was that of the work of the Association's Committee on International Relations and Activities. The General Director has devoted a large part of his time to carrying out this Committee's work, which has involved all phases of the special hygienic field. His service as Chairman of the League of Nations Body of Experts on the Study of Traffic in Women and Children, and as a member of the Permanent Commission of the League of Red Cross Societies on the Welfare of Seamen are illustrations of the nature and wide range of these activities. Their value to the social hygiene movement in promoting simultaneous and common programs and viewpoints has been important.
2. The Director of the Department of Legal Measures has been assigned most of the year to the work of the League of Nations Commission to study the international traffic in women and children for which he has had charge of Field Investigation. As most of his time was spent in Europe and foreign countries in other parts of the world, opportunity has been afforded for conferences with the influential leaders and for representing the Association in important meetings devoted to social hygiene.
3. The Director of the Department of Protective Measures has visited France, Holland, England, Belgium, Switzerland and Italy in the course of her 1926 field trips. These have been particularly in the interest of equal moral standards is stated in reference to protective activities.
4. Association literature and motion pictures have been supplied to many foreign countries and many health officers, educators, and social workers from various parts of the world have been received at Association headquarters where they have studied material and exhibits on social hygiene activities in United States. Itineraries have been arranged for

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# The Glands of Internal Secretion

## Hyperfunction and Hypofunction of the Gonads

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When a man is unable to perform normal coitus, we say he is impotent; when a woman cannot bear children, her condition is called sterility.

A man may be sterile and yet be able to perform the sexual act, that is to say, he is in possession of the *potentia coeundi*; but if he is impotent he is also sterile, i. e., he lacks the *potentia generandi*. Yet all these definitions have to be taken *cum grano salis*. To the question, "What is impotence?" it is almost impossible to give a precise answer. Authors appear not to be satisfied with the simple explanation that it is loss or lack of power to copulate.

Lydston expresses the matter simply as follows: Impotence implies inability to consummate the sexual act. This inability may be due to organic or psychic causes.

The male fails to penetrate the vagina of the female because of the failure, imperfection, or transitory nature of erection, or penile deformities that make intromission impossible.

Impotence in the female usually implies some deformity or disease that produces atresia of the vagina or some local inflammatory affection that gives rise to vaginismus. In neurotic or hysterical subjects this condition may occur independently of local inflammation or atresia.

Sterility practically implies incapacity for fecundation. Copulation and orgasm may be perfect, yet fecundation cannot occur because of organic defect, in one or both parties, relating to the sexual act.

These defects are of two kinds: (a) mechanic, (b) nutritive.

In the first category are (1) conditions in which, although copulation is normal and both ovule and sperm-cell are healthy, certain local conditions prevent them from meeting at the proper time; (2) the germ cell and ovule having met, their blending is prevented; (3) the ovule having been fecundated, certain local conditions prevent the development of the ovum.

In the second category are various more or less obscure conditions that affect the vitality of the ovule and of the spermatozoon. There probably is a lack of affinity between them in some cases that either prevents them from blending, or if blending occurs, makes the union unproductive.

The hormone theory of hormone incompatibility may solve the problem. Both male and female may be potentially fertile, although practically sterile. It has also been observed that, although sterile with one person of the opposite sex, either male or female may be fertile with others.

Sterility and impotence may or may not be combined. As a result of removal of the testes, the male may be entirely devoid of sexual desire, and is at the same time made incapable of producing the germinal material necessary for fecundating the ovule. Or, the testes may be removed and yet for some length of time the potency of the individual remain unimpaired. Such a case was referred to by the author in the first article of this series.

In trying to explain the continuance of mechanical sex capacity after castration, or loss of the testes, Lydston advances the theory that the genito-spinal and cerebral sex centers and the sympathetic nerves continue to act for some time after the loss of the secreting organs. Fur-

thermore, there is a prostatic hormone which is more or less essential to sexual activity and which functionates vicariously until the time the prostate atrophies. Also much depends on the continuance of the sexual habit and the psychic effects produced by the loss of the testes. The importance of the prostate as an organ of sex function and desire is referred to in the second article of this series.

Men in whom the testes are intact but the penis has been removed, necessarily are impotent but not sterile. If the semen of such individuals were brought in contact with the healthy ovule, fecundation would be as likely to occur as in males possessing perfect virile power. Individuals who from various causes are unable to secure or maintain an erection may be capable of impregnating the female, for such persons are likely to have emissions and the ejaculated fluid may be capable of fecundating the ovule. It is not even necessary that the semen ejaculated should be thrown into the vagina; instances have been recorded in which contact and emissions without penetration have been permitted by the female, with resulting pregnancy. It is even possible that pregnancy occurs at times when the semen is deposited only upon the external female genitals.

A strongly homosexual married woman having just had intercourse with her husband, went to her unmarried sister and practised tribadism with her, with the result that the unmarried girl became pregnant. In this connection the writer would cite a case in which gland transplantation must be given credit for having removed homosexuality. This case was referred to the writer by her married sister: the case, a young woman, twenty-four years of age, a school teacher, normal in every other way, proved of deep concern to her family because of marked homosexuality, which the patient in no wise tried to disguise, either to her family or myself when taking her history. This patient was transplanted August 16th, 1923; sheep's ovarian tissue being used. In a report of this case about twelve months following this transplantation, (the last report received), all homosexual tendencies had disappeared. The young woman was then making arrangements to marry.

As to sterility in the male, it has been stated by eminent gynecologists that at least one-sixth of these cases that are brought to their attention are due to the male and not to the female. Of the numerous causes the following may be mentioned:

Masturbation, if indulged in immoderately, may lead to relative or complete impotence, temporary or permanent. The same may be said of pollutions. Spermatorrhea and impotence are twin phenomena in sexual neurosis. An inflamed or congested prostate may eventually lead to relative or complete impotence, and the same holds true for urethral congestion. By its causing epididymitis and orchitis, gonorrhea is one of the principal factors of sterility or of impotentia procreandi.

There are certain organic conditions of the penis and the testes which render intercourse either impossible or very difficult. Such, for instance, are congenital absence of the penis, or its loss from ulceration, or by accident; hypertrophy of the penis, double, bifid, or split penis, etc., epispadias, hypospadias, etc.

Complete congenital absence of the testes, of course, accompanied by the absence of sexual feelings and lack of potentia, both coeundi and generandi. *As a rule*, this is also true of cryptorchidism.

When atrophy of the testes is caused by a general constitutional or by local disease, or by excessive masturbation, it is accompanied by loss of libido and by impotence. But this is not always so when the testes are lost through accident or castration. According to some authors, some castrates are capable of sexual intercourse. At this point, the writer would refer the reader of this article to the case reported by him in the first article of this series, "Physiology of the Gonads," case No. 2, a young man of thirty-four, castrated at the age of sixteen, with hairless face and body, who could have normal erections and had normal desires for the opposite sex and was capable of performing normal sexual intercourse.

Hydrocele or scrotal hernia is often a mechanical cause of impotence. Prostatitis is apt to lead to impotence.

Continued complete abstinence from sexual gratification may result in partial or complete, temporary or permanent, impotence. *A case of this type was brought to the author's attention while the latter was on war duty in China.* The writer was consulted by a medical man twenty-eight years of age, who had been serving in the region of Omsk, Russia, and until his arrival in Shanghai, from his duty at Omsk, had not seen a person of the opposite sex in over eight months. After his arrival in Shanghai, in endeavoring to indulge in sexual intercourse, he found a complete impotence which lasted for several months. Coitus interruptus, i. e., the practice of withdrawal or interrupting coitus just when an ejaculation is to take place, is responsible for many cases of impotence.

There are cases in which sexual weakness and abnormal sexual desire can be traced to inheritance. Hoffman asserts that there are men who from their birth either lack the incitomotor impulse which dominates over the sexual functions, especially erectile, or in whom it appears abnormally impaired. *Case No. 4, referred to me by Dr. A. J. Gelarie.* A man, age forty, married eighteen years. *This case had never had any recollection of having either sex desire or erection.* A section of ram's testicle was transplanted March 5th, 1924. The last report from this case was on April 3rd, 1925, about a year after the transplantation, that he was having normal sexual intercourse nightly and twice on Fridays (the author knows no glandular reason for the Friday celebrations).

There are families, the male members of which are conspicuously weak in sexualibus, though, otherwise, they may not be sickly persons. Vecki believes that besides forms, qualities and habits may also be inherited. As fertility, for instance, and the early or late appearance of menstruation may be transmitted from mother to daughter, so also a son may receive from his father, by way of inheritance, sexual power or weakness. Congenital disinclination for sexual pleasure is called frigidity, which may become an obstacle to virility, or it may render copulation possible only under especially favorable circumstances.

This frigidity is called sexual anesthesia and is ranked among the neuroses that have their seat in the brain.

According to Vecki, only congenital frigidity can prove a serious hindrance to the development of virility, while frigidity which is sometimes the result of a certain mode of education readily yields to the first sexual desire that asserts itself positively.

Another form of impotence is noted after excessive venery continued for years, in which the sexual organs, however, are capable of function. There may arise a state of satiety for ordinary sexual pleasures, and aver-

sion of the sexual emotions for normal and natural satisfaction, and a perverse sensation will develop itself gradually. The patient is incapable of performing the sexual act in a normal manner; but can still indulge in cunnilingue, pederasty or other wayward acts.

*Case No. 5*—A recent case, aged fifty-nine, American, married, father died of diabetes at age of forty-one, balance of family history negative. Patient consulted the writer relative to a case of complete impotence of twenty years duration and enlarged prostate. This patient stated that his impotence began a year after marriage. During his first year of marriage he had suffered from an excessive venery, indulging in sexual intercourse three times nightly. At the end of the first year of married life all desire disappeared suddenly and he was able only with effort to have intercourse every other night for a period of six months, at which time ability to copulate disappeared, since which time he has remained completely impotent.

Relative impotence means a condition in which an individual can accomplish coition only with one or certain mates and is completely impotent with others; or a condition in which an individual cannot accomplish coition with one or certain women, and is perfectly virile with others.

Some men are unable to perform the act in strange houses, strange beds, or in unaccustomed positions.

The writer believes these to be psychic in character and partially due to hypo-function. A good example is the following:

*Case No. 6—male, fifty-seven years of age, American, married fifteen years, childless, no impotence for first five years of marriage when impotence with wife suddenly developed.* For moral reasons, also on account of being a devoted husband, he was very desirous of overcoming the lack of desire for domestic intercourse, although erections were stimulated by sight and thought of other women. Concluding that his condition might be relieved by transplantation of testicular tissue, operation was performed December 12th, 1925. January 21st, 1926, sexual desire had been stimulated sufficiently to permit of sexual erection and intercourse with his wife. Patient has remained normal following this transplantation. The second transplantation has just been accomplished.

These conditions come under the heading of psychic impotence, which is frequently observed in psychopathological individuals.

A representation or idea of any kind may suddenly paralyze by suggestive action the normal reflex mechanism of the center for erection. The blood ceases to accumulate in the corpora cavernosa and erection is either arrested or not produced at all. For example, a very excited lover, who has had strong erections at the moment when he prepared to copulate, may be suddenly overcome with the idea that he will fail, or by some other thought that paralyzes erection and makes coitus impossible. The remembrance of such a failure and the distress and shame attached to it constitute further causes of inhibition of the cerebro-spinal activity; they temporarily extinguish the sexual appetite and prevent by their interference the automatic mechanism of erection which the individual strives to produce. The greater the fear of failure, the more the psychic impotence increases (Forel).

Lydston regards the undue familiarity usually existing between husband and wife as a feeder of psycho-sexual aberrations. Once the halo of sex mystery is dispelled, romance often fades completely. A less intimate association of husband and wife would be better for health and morals. The less knowledge they have of each other's physiology, the better for sentiment. Familiarity breeds satiety. Satiety is the parent of sexual discontent. The

satiated, discontented man often browses in queer pastures in search of new thrills for his psycho-sexual centers.

In many cases of sterility and impotence, the divorce court and "matrimonial rearrangement" must be the final recourse.

Lydston, furthermore, suggests that *the proper functioning of the sex gland is more dependent upon environmental conditions than are the secretions of any of the other important organs of the body.*

In direct ratio to the degree in which potency and fertility are determined by the proper performance of the function of the ovary and testis, and upon the innervation and vascular supply of erectile tissue, will be the evil effect of adverse sexual influences.

Aspermism, or aspermia, must be mentioned as one of the causes of impotence. Aspermia means the entire absence of spermatozoa, and may be the result of atrophy of the testicles due to disease, such as orchitis, during mumps, or of the persistence of an infantile condition from failure of development during puberty, e. g., undescended testicles. It may also exist in spite of the presence of a normal testicle as a result of closure of the epididymis from inflammatory disease, which is usually of gonorrhreal origin.

Reynolds and Macomber point out that even in normal semen the number of active spermatozoa is considerably decreased during their progress through the male genital canal. The cause of this loss is unknown, but even when a specimen is placed under a microscope immediately after ejaculation a considerable percentage of its spermatozoa are found inactive—they are dead. This normal loss may be enormously increased by abnormal conditions of the vesicles and the prostate. Inflammation of the seminal vesicles may produce a secretion which is bio-chemically poisonous to the spermatozoa, or one which is so sticky and tenacious as to entangle them mechanically and so annul their usefulness. Inflammation and even chronic congestion of the prostate may also cause either of these conditions, and thus may produce either relative or complete infertility of the male in spite of his possession of excellent testicles and originally highly vital spermatozoa.

The existence of these conditions constitutes a failure of the mechanism of fertility and one which is directly referable to the male.

Statistics show that about one in eight marriages is unproductive. A portion of the responsibility for sterility must be borne by the male. Most of it, however, (according to Lydston) falls upon the female.

A case of this type was referred to me by Doctor H. J. Boldt on June 22nd, 1926. Age thirty-four, nationality American. Laboratory findings showed the presence of aspermia, necrospermia, and the presence of an occasional pus cell, granular debris and a few gram-positive bacilli and cocci. Physical examination showed the left testicle normal, right testicle undeveloped, no enlargement of prostate or seminal vesicles. Patient gave a negative history of gonorrhea. *Transplantation was performed June 29th, 1926, and repeated November 3rd, 1926, with no appreciable effect on the above findings.*

As we have seen, to do his share in the perpetuation of the race, a man must possess *potentia coeundi* and *potentia generandi*; a woman, besides these two, must also possess *potentia gestandi*.

The conditions in the female which render intercourse difficult or impossible and are thus a relative or an absolute cause of sterility are a tough, leathery hymen, a very narrow vagina, vaginismus and atresia or complete absence of the vagina, excessive length of the clitoris, spasm of the vagina, inflammation or induration, absence of the uterus, closing of the neck, body and orifice of the uterus,

atrophy and want of cavity of the uterus, leucorrhea, amenorrhea, menorrhagia, and numerous other structural and functional causes.

As to the excessive length of the clitoris, this monstrosity can be easily remedied by amputation. We have read the history of a Roman lady who was surprised by her husband while engaged in unnatural practices. The enraged husband cut off the clitoris with his sword, and thus rendered her fruitful after eight years of sterile marriage.

Mondat relates the following interesting case: There was brought to his *Maison de Santé*, in Bologna, a girl, twenty years old, who had been married for several years without having any offspring. She indulged in the habit of masturbation, which caused the clitoris to contract early in life, and practiced it to such a degree that she was brought to the last stage of marasmus. The clitoris was removed as the only way of stopping this pernicious practice. She regained her health and afterwards even became a mother.

Among the functional causes should be mentioned incompatibility, which may effect both husband and wife. In the opinion of Robert H. Gibbons, sexual appetite has a great deal to do with conception, except in those cases in which there is a congenital lack of the sexual center, and this is well illustrated by incompatibility. When this is present, either may be the parent of offspring with another partner, and there are cases on record when patients who have lost their first husbands, having never conceived, have immediately borne offspring in the second marriage, which had induced sexual pleasure. Gibbons also had patients who stated that they never had experienced any feelings during sexual intercourse with their husbands, and have had great passion aroused by lovers, leading to conception.

In cases which Gibbons has been able to investigate, the husbands were sexually sound, for they became fathers after death or divorce of the wife. This has been termed "selective sterility," referring to that force of the ovum by which it selects and attracts a spermatozoon. In some cases there is no sympathy between husband and wife, even from the beginning of married life. This, however, is not always associated with sterility.

In this connection we may ask the question whether sterility can be due to lack of love or mutual attraction.

Dr. W. J. Robinson answers decidedly in the negative. He points out that impregnation depends exclusively on physical and chemical conditions, and where these are suitable, impregnation will result, no matter whether the husband dislikes his wife, or the wife hates her husband. The spermatozoa do not care for the feelings of their owners. Even in cases of brutal rape, where the victim is horrified by and loathes the rapist with every fiber of her soul, impregnation takes place.

Sexual anesthesia, or the abnormal diminution of the sexual impulse, occurs in both sexes as a congenital condition, which may be due to atrophy or absence of the genital organs, exhausting diseases, or to arrested development of the reproductive organs. The latter condition has been described as psycho-sexual infantilism. It seems to be commoner in women than in men. It is often merely apparent—a pseudo-anesthesia—because the man does not know how to awaken the woman's slumbering sexual emotions; during coition he may be clumsy and either too impetuous or indifferent.

The term frigidity we apply to persons who have little or no sexual desire, or who are incapable of experiencing any voluptuous sensation during the act. Amongst men as well as amongst women there are sexually "cold natures." The condition is more frequent in women than in men, and has an important bearing on certain cases of

sterility. The assertion made by some authors that frigidity, or "deficient sexual sensibility," is found in four out of ten women, seems to be exaggerated.

Effertz believes that sexually frigid women of the lower classes are apt to become prostitutes. During the practice of their profession they always keep a cool head, because they are first and always sexually insensitive, and can devote their whole energy and regulate all their actions toward mulcting their victims.

However, there is a great diversity of opinion regarding the cause of girls becoming prostitutes. Frank P. Davis believes that a large percentage is due to sexual passion. Regarding sexual anesthesia in women, the same author holds that very fleshy women frequently fail to reach an orgasm on account of the thick pad of tissue that covers the clitoris, preventing the necessary friction.

Nystrom believes that very few women would be frigid if proper ideas of sexual life were understood and practiced during coitus.

On the other hand, there are women who never experience the least pleasure during sexual intercourse, and who cannot even understand the attraction of the act. They have become mothers several times without having had a single orgasm. The common belief that a woman becomes pregnant only when orgasm occurs is erroneous.

Most cases of this kind concern women of abnormal organization, or those who have been influenced by ascetic teachings, or women who never have loved their husbands.

Ivan Bloch contends that in the majority of cases the sexual frigidity of a woman is apparent merely, passion existing behind the veil prescribed by conventional morality—behind the apparent coldness there may be concealed an ardent sexuality—or else the particular man with whom she has had intercourse has not succeeded in awakening her erotic sensibility.

Speaking generally, the sexual sensibility is of quite a different nature from that of man, but in intensity it is at least as great as that of man.

E. H. Kisch calls the ovaries "regulators of the sexual impulse." In the ovary and in the periodical changes that occur in that organ are to be found the fundamental cause and the means of regulation of the sexual impulse; in the clitoris is the seat of voluptuous sensibility. Virchow goes as far as to declare that woman is two ovaries with a human being attached to them; while man is a human being with two testicles.

Sexual hyperesthesia, i. e., an abnormal increase in the sexual impulse, may be due to various causes. It is more frequent in men than in women. It may be permanent or periodic. According to Bloch it almost always arises from lascivious ideas, and is accompanied by a more or less diminution of responsibility. The readiness with which sexual ideas give rise to an abnormally increased desire and to reaction on the part of the genital apparatus is characteristic of sexual hyperesthesia, and this may attain such a degree that the subject may be "sexually insane" and rush at any object capable of giving satisfaction. When the latter is wanting, masturbation is usually resorted to. The condition has been termed "erotic delirium," and, as Parke points out, its true psychical basis is central in character, not only visual and tactile, but sometimes even auditory and olfactory impressions being expanded in the psycho-sexual sphere into the most lascivious ideas and desires.

Professor Jaeger, of Stuttgart, taught that the sexual instinct is mainly due to the sense of smell. Frank P. Davis states that this assertion is well borne out by the investigation that he has made. The stimulating effect of certain odors on the internal glandular secretion is so marked that there can be no doubt of the direct effect of

odors on the sexual glands. The relationship existing between the sexual apparatus and the nasal organs is evident from the fact that the septum and turbinates are erectile. There is often a sympathetic or correlated congestion of the structures during the menses. Sexual activity of the male is apt to be followed by similar turgescence of the erectile tissues of the nares.

Sexual excesses may lead to an inflammation of the mucous membranes of the nose and retard the sexual stimulus by dulling the sense of smell. The odors of some flowers and some perfumes have a strong influence on the sexual centers and greatly increase desire. The Hindus use musk as a sexual stimulant, and it still seems to be one of the best agents for that purpose that we possess.

Dr. Davis recalls the case of a lady who would become so excited when inhaling the odor of extract of locust blossoms that she would experience an orgasm.

Regnano advances a theory as to the cause of sexual selection, namely, "the attraction of the ovum for the spermatozoon even at a distance by means of secretions diffused in all directions."

The only way that one could account for such an attraction would be through the odor of the secretions. It is well known that there are odors which emanate from the body during sexual excitement, and that the odors of the body change at this time.

To the odor of perspiration has been ascribed an aphrodisiac effect. Those who bathe very often do not excite passion so readily as those who do not. Refined men have become passionately fond of women who did not consider it necessary to bathe often. According to one author it is possible that a simple operation on the nose might destroy the sexual desire to such a degree that it would prove an ideal operation in dealing with sexual perverts and excessive masturbators.

Satyriasis in men and nymphomania in women are forms of sexual hyperesthesia. The victims of satyriasis are at the mercy of their uncontrollable sexual desire. They commit violent rapes and outrage little girls. The passion of the satyromaniac is devoid of sentiment and in this respect satyriasis as well as nymphomania differs from erotomania. Lydston notes that satyriasis is not infrequently observed in elderly men suffering from prostatic disease. Such cases are usually relieved by prostatectomy.

A satyromaniac may, in coitus, have an erection that lasts for some considerable time with merely transient relaxation. When the condition is lasting, involuntary and independent of sexual excitation, it is called priapism. Here the feeling of sexual pleasure is absent. Cerebral and medullary lesions are frequently the cause.

Nymphomania, or "furor uterinus," which occurs in women, is analogous to satyriasis in the male. Nymphomania is characterized by inordinate and excessive sexual desire, and often by lewdness and vulgarity of speech and action. According to Lydston, in some instances the disease is a reflex manifestation of irritative affections of the sexual apparatus. Ovarian and uterine diseases are likely to be associated with it. Any irritation of the external genital organs in females of hysterical temperament may produce the affection.

*Two such cases which were referred to the writer were both relieved by transplantation of ovarian tissue.*

Nymphomania also is known to occur as a result of masturbation and sexual excess. In women of a highly ethistic temperament it has developed as a consequence of sudden cessation of the normal method of sexual indulgence.

Lydston holds that both satyriasis and nymphomania primarily are due to a defective structure, or disturbed function, or both, of the special hormone-producing cells

of the testicle and ovary. The secretion may be lessened in quantity or vitiated in quality. This aberration of the hormone may be disastrous in several ways. There may be a defective psycho-sexual development, or, on the other hand, hyperesthesia of previously normal psycho-sexual and genito-spinal centers.

Having dealt with hypofunction and hyperfunction of the genetic instinct, we want to give our attention to sexual paresthesia, or, as it is commonly called, to the perversion of the sexual instinct.

Lydston classifies sexual perverts as, (1) those having a predilection, or affinity, for their own sex—homosexuality; (2) those having a predilection for abnormal methods of gratification with the opposite sex; (3) those affected with bestiality.

Homosexuality occurs in both sexes, and quite frequently, and prevails all over the world, amongst civilized as well as uncivilized races.

What are the causes of sexual perversion?

Just as we have variations of physical form and mental attributes in general, so we may have variations and perversions of that intangible entity, sexual affinity (Lydston).

Placzek suggests that the easy transition from the normal condition to decided perversion, which nature exhibits in every phase of sexuality, appears equally in homosexuality. In bi-sexuality, or psychical hermaphroditism, an intermediate stage exists of very various composition. From equally strong inclination to either sex, from the equal capacity for sexual intercourse with either, up to exclusive homosexual inclination, innumerable degrees exist, according as the hetero-sexual component diminishes. If one takes psychical disposition as criterion, even in well marked psycho-sexual hermaphroditism, with equal inclination to either sex, the homo-sexual tendency predominates. Only here it does not have such ominous consequences because it is not strong enough.

According to the prevalent theory of the bi-sexual disposition, every hetero-sexually inclined person must possess a homo-sexual component, and a homo-sexually inclined person must possess a hetero-sexual component.

The erroneous idea still persists, especially among laymen, that homosexuality is a vice of debauchees, of jaded individuals, in whom pleasure for normal sexual intercourse no longer prevails. Though this may be true in some instances, decisive enlightenment came from the now firmly based theory of congenital bi-sexual disposition. Homosexuality is an inborn condition, and we are justified in speaking of a "third sex".

The embryonic sexual area is hermaphroditic in birds, mammals and human beings, and the sexual organs of both sexes develop from this common source. But even after full differentiation, feminine remnants continue to exist in the masculine body, and vice versa. The original dual sexuality is therefore not entirely obliterated and is always betraying its source.

*The writer believes that the marked increase in homo-sexual cases has been largely stimulated by the World War, where men in the field and in barracks were thrown more intimately in contact with their own sex than had happened previously.*

Steinach found that if a reproductive gland does not sexually differentiate itself sufficiently, but contains both male and female puberty gland-cells, bi-sexual disposition must ensue. To some extent bi-sexuality is always present in the germ gland, but generally (in the testicle, say) the preponderating number of the male puberty gland cells checks the activity of the female puberty gland cells, and only male sexual characters are normally developed with all their accompanying physiological sex characteristics.

If for any cause the functions of the male puberty gland cells are stunted in any way, the female puberty gland cells commence to proliferate to become active. If they react only on the nervous system, homosexual inclination is caused, but if they influence the general organization, somatic sexual characteristics may be produced—feminine characteristics in the man and male characteristics in the woman.

Whatever the real cause of homosexuality may be, Lipschutz thinks that it is due to disturbances in the endocrine function of the sex gland or some other organ of internal secretion, or by the suppression of the endocrine function of these glands. This does not imply that external factors are without any significance. The psycho-sexual behavior of an individual is always the result of interference of a great and very variable complex of external factors with a given but also changeable somatic organization.

Vast is the dominion of sex, in all its relations, somatic and spiritual, over which the glands of internal secretion rule.

Profound is the influence of the ovary upon woman. Virchow said: "All the peculiarities of her body and mind, everything, in fact, which in the true woman we admire and love, is dependent upon the ovary."

And as to the testicle, its function is not only to elaborate the spermatozoa for the purpose of fecundation and the propagation of the race, but also to determine the secondary sexual characteristics of the male.

As a result of his experiments, Voronoff was forced to the conclusion that, in addition to the determination of secondary sex characteristics, the internal secretion of the testicle has yet another function. Either directly or indirectly, by its effect upon other endocrine glands, it influences the whole organism. The internal secretion has a stimulating effect upon the cerebral cells, it influences the growth of the bones, and it maintains muscular energy. The part played by the testicle as the stimulator of vital energy may prove to be even more important than its role as the stimulator of sexual energy.

The testicular injections of Stanley, the studies of Lipschutz, Brown-Séquard, Lydston, Kammerer, Senn and Morris, and the testicular transplants now numbering over three hundred of Voronoff and the four hundred and odd ovarian and testicular transplants performed by the writer, point to a matter of great practical interest, namely, the utilization of this method of treatment in cases of hormonic abnormalities.

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#### BIBLIOGRAPHY

C. W. Malchow. *The Sex Life*, 6th Edit. Mosby. 1922.  
 Victor G. Vecki. *Sexual Impotence*, 6th Edit. Saunders. 1920.  
 G. Frank Lydston. *Impotence & Sterility*. Chicago. 1917.  
 Wm. J. Robinson. *Sexual Impotence*. N. Y. 1923.  
 Hoffmann. *Lehrbuch der gerichtlichen Medizin*. 1908.  
 Frank P. Davis. *Impotency, Sterility and Artificial Impregnation*. Mosby. 1928.  
 Forel. *The Sexual Question*. N. Y. 1908.  
 Reynolds & Macomber. *Fertility and Sterility in Human Marriage*. Saunders. 1924.  
 Wm. A. Hammond. *Sexual Impotence in Male and Female*. 1887.  
 Placzek. *The Sexual Life of Man*. London. 1923.  
 R. G. Gibbons. *Sterility in Woman*. London. 1923.  
 A. E. Giles. *Sterility in Woman*. London. 1919.  
 Sadger. *Die Lehre von den Geschlechtsveränderungen*. Leipzig & Wien. 1921.  
 Bloch. *Das Geschlechtsleben unserer Zeit*. Berlin. 1919.  
 Ellis. *Studies in the Psychologies of Sex*. Vol. 3. Phila. 1918.  
 Effertz. *Neuresthenia Sexualis*. N. Y. 1894.  
 Nystrom. *The Natural Laws of Sexual Life*. Mosby. 1910.  
 E. H. Kisch. *Das Geschlechtsleben des Weibes*.  
 J. R. Parke. *Human Sexuality*. Phila. 1906.  
 Regnano. *Inheritance of Acquired characters*. 1911.  
 Wall. *Sex and Sex Worship*. Mosby. 1919.  
 Mortimer. *Chapters on Human Love*. London. 1900.  
 Lipschutz. *The Internal Secretions of the Sex Glands*. 1924.  
 Berman. *The Glands Regulating Personality*. N. Y. 1921.  
 Veronoff. *Rejuvenation by Grafting*. London. 1925.  
 Hunt. H. Lyons: "New Theory of the Function of the Prostate Deduced from Gland Transplantation in Physicians." *Endocrinology*, Vol. IX, No. 6, pages 479-489, 1925.

(Concluded on page 44)

## Some General Considerations in Treating the Aged

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New York City

### The Psychology of Old Age

An old person who is ill rarely shows much determination to get well. This is in part due to his idea that there is nothing which can combat old age; the term "old age" is really in such cases a death warrant. Through lack of interest on the part of the family and because the average physician is little concerned with the vital needs of the elderly, but bare consideration is given to the senile patient. The public neglect of the aged is equal to the medical neglect. Physicians frequently dismiss a disease as due to "old age" as if for that reason its inroads cannot be ameliorated; superficial examinations and infrequent visits are made, the physician overlooking the fact that he may himself be old some day. Aged relatives are not wanted by the average family and when the aged are ill there is sometimes a secret hope on the part of the children that death will soon put an end to the patient's suffering.

An old man who sees nothing but "old age" before him will not fight the battle and we all know how necessary it is to continue to fight disease. Frequently a little encouragement on the part of the physician will revive the old man and he will recover to live for several years. Direct encouragement is not so effective as indirect. If we simply tell an aged patient that he will recover he will believe that we are trying to encourage him, whereas if we plan things for him to do a month or even six months from now, he will feel that we really mean what we say. Hope is the strongest psychic stimulant known and the aged require it in large doses.

### Institutional Care

Homes for the aged are a great comfort and every kindness is usually shown them. One very important thing is the question of food; in some instances it has been found that the caloric requirement was insufficient, due to oversight. The institution must be well heated because the aged are very susceptible to cold. Old couples should not be separated; an institution should be found where men and women both are cared for. An oculist should examine the eyes at least once a year and see that proper glasses are prescribed. Nothing helps to pass the time more than reading and many aged people are denied this pleasure because their glasses are not properly fitted. Entertainments should be provided; comedies and not tragedies should be selected for the cinema. The radio is a great blessing to these people and every institution for the aged should have one. A physician in sympathy with the elderly should be in consultation when necessary; moreover, he should hold a clinic at one or more institutions. Periodic health examinations should be made once a year in a most thorough manner.

The inmates of institutions should be kept at work. Elevators should be in every institution because of the difficulty elderly people experience in climbing stairs. For occupation, let there be a blacksmith shop, a carpenter shop (which incidentally will save a great deal in repairs), a machine shop and a toy shop; for women, there should be an opportunity to cook, to sew, to crochet. Many times the products made can be sold at a good profit. One old woman earns

twelve dollars for each rag rug she makes and has customers waiting for several months in advance. Since gift shops and exchanges are so popular, there are many small household luxuries and necessities for which old women can profitably cater.

Institutions can lighten their own expenses if they will judiciously find mild employment for the active aged in their care. A farm in summer, taken care of by aged men, not only provides food for the institution, but improves the health of the men. Women can help by preserving foods for the winter. Carpenters, plumbers and mechanics can take care of a greater part of the repairs of the small institutions. It is well ever to keep in mind the rule that work is necessary for the well-being of the elderly who else would dwell too sentimentally on their "better days."

### Confining to Bed

Old people do not do well in bed and I have made it a rule to "keep senile cases out of bed" no matter what the cause of the illness may be. Sometimes it is not possible but even in pneumonia it can at times be done. Old patients fail rapidly in bed and frequently it is almost impossible to get them out again, especially if they remain in bed four or five days. Even with surgical operations it is often advisable to force the aged patient out of bed the next day. Many times such procedures will save a life. The general condition improves under this treatment.

### Care of the Skin

Old people frequently avoid bathing as much as possible. It is necessary to bathe frequently and the skin should be rubbed after the bath. An occasional alcohol rub is satisfactory. Itching of the skin in old age is a very troublesome condition and for this reason every care should be given to the rectal region because of the intense itching which sometimes occurs there. For general itching of the skin which is frequently seen in old age, brushing with a soft brush will often bring relief. It is dangerous suddenly to check perspiration, hemorrhage or diarrhea in old age.

### Clothing

Warm clothing should be worn at all times because the aged are very susceptible to cold. Flannel or woolen material should be worn about eight months out of the year. At night the bed should be warm; if necessary hot water bottles should be placed at the feet. Too rapid a reduction in the body temperature may make the patient vulnerable to pneumonia.

### Rheumatism

The word "rheumatism" covers a multitude of kinds of ignorance, being a waste basket for unknown diseases. Neuritis and joint affections are very troublesome in old age and everything should be done to prevent them.

Rheumatism in the broad sense of the term is usually a result of focal infection of several years standing. The poison may get into the blood stream from infection in the teeth, from the tonsils, or the nasal accessory sinuses, or from the gall bladder and intestinal tract. For this reason it is very important to correct focal infections earlier in life.

In patients suffering from rheumatism we are often able to find the *Streptococcus hemolyticus* in the tonsil. Rosenow has isolated certain bacteria from infected joints. The tonsils are very often at fault and they are one of the most important causes of arthritis. In treating the condition the tonsil must be thoroughly removed because if a mere stump is left it may be as much a source of infection as before the operation. In senile patients it is not always possible to remove the tonsils because the physical condition of the patient will not permit it. X-ray and radium applications have been a failure in most cases.

The relation of teeth to rheumatism is an important one but unfortunately this element has been overestimated both by physicians and by dentists. X-ray examinations are necessary but these must be combined with an examination of the teeth by a competent dentist because the X-ray will not show a dead tooth. X-ray films require careful interpretation and it should be remembered that the X-ray findings are sometimes misinterpreted.

Diabetes often causes "rheumatism" and careful examination should be made of the blood in all cases. Besides an estimation of blood sugar, the quantity of urea nitrogen or non-protein nitrogen, creatinine and uric acid should be determined. Some physicians believe that the blood tests for urea or non-protein nitrogen are better indicators of kidney function than many of the special kidney function tests.

### Insomnia

One of the most common conditions met with in old age is insomnia. Physicians often give morphine to make the patient sleep when a sugar pill would do as well. The aged frequently nap in their chairs during the day and when night comes they cannot sleep; to give morphine in such cases is inexcusable. Moreover, the aged do not require as much sleep as younger people and sometimes they will deny having slept, when they actually have. In some instances they will not tell their symptoms if they believe they can thus avoid an examination. In others, they will invent every known symptom, sham illness, in order to excite sympathy. Because of diminished sensibility, it is possible for an old person to have appendicitis or peritonitis without pain. The aged are as difficult to treat as children; while a child cannot tell its symptoms, an old person cannot seem to tell the truth about them. In fact, it is often easier to treat infants,—they cannot lie.

### Conclusions

It may not be out of place to summarize some of the main points of geriatrics. (1) While geriatrics is that branch of medicine which deals with the diseases of old age, it yet includes the prevention of premature senile changes and the care of the aged. (2) A study of senile degeneration is necessary to a cursory study of old age. (3) The greatest mistake in treating old patients is to endeavor to produce results which would be normal to maturity. (4) Some of the greatest accomplishments in literature, art and science have been made by men and women past the age of eighty. (5) Business men can do a great deal in the future to arrange for satisfactory contributory pension plans. (6) Unemployed old men are a burden to the State and by solving some of the economic problems of old age the State could materially reduce its expenses. (7) Life insurance annuities are the best solution for an income for old age. (8) Work should be provided for the aged. (9)

Their economic independence will cure many of their indefinite ailments. (10) Gardening, skilled mechanic, toy shops, special work in factories, will provide satisfactory labor in old age. (11) Toy shops for the aged are especially practical. (12) Life can be prolonged if more interest is shown in the aged. (13) The importance of the endocrine glands in relation to old age has been greatly exaggerated. (14) The most fatal diseases in old age are heart disease, cancer and pneumonia. (15) Women should be observed carefully at the menopause. (16) Old age is due to the fact that after a period of time in which cells multiply, the cells cease to do so. (17) The factors influencing old age are heredity, focal infection, eugenics, infectious diseases, disorders of metabolism, the individual's mode of living, and the excitement and worry of modern life. (18) The hygiene of old age has been summed up by Williams: "Fresh air, meagre fare, freedom from care." (19) Work is necessary to the well-being of the aged. (20) Periodic health examinations should detect many diseases in their beginning, thus warding off premature senility. (21) Most old people are spare eaters, they are usually thin. (22) About 2000 calories per day are required in old age. (23) Exercise is of great importance. (24) Alcohol is of great value in many conditions of old age. (25) Rejuvenation by operation or X-ray treatment is discredited. (26) Keep senile cases out of bed.

"Life can be prolonged if more interest is shown in the aged."

114 East Fifty-fourth Street.

### The Function of Aural Cerumen

The function and purpose in nature of the cerumen secreted by the external auditory canal is a subject which has not attracted much attention from experts. In a recent issue of the *Journal of Laryngology and Otology* (April, 1926), Dr. E. ff. Creed and Mr. V. E. Negus contribute the results of some investigations they have made. Of 69 individuals examined, only five had no cerumen, and all of these had healthy ears. Neither age nor the width of the meatus had any definite effect on the amount, consistence, or color of the wax; but the tendency was for the quantity to be smaller in the female sex. A bacteriological examination of the cerumen from 49 specimens was made, and in only two cases was there no growth; staphylococci, moulds, and diphtheroid bacilli were the most frequently found organisms. The writers come to the conclusion that cerumen is most decidedly not bactericidal; on the contrary, it serves as a medium in which organisms of great variety may multiply. They suggest that it has no important function in man, and that the only useful function it can serve is to prevent mechanically the entrance of such things as dust and insects to the deep meatus. There is, we think, another useful function. As well as making people deaf by occlusion of the meatus, and being a source of trouble, if also of emollients, to doctors and aurists, is it not possible that it is of service in aiding the removal of shed epithelial débris from the auditory canal? The external auditory meatus is the only example in the body of a deep narrow cavity lined by ordinary skin, which is constantly shedding its outer layers. On the surface the shed flakes are removed imperceptibly, but in the meatus the cerumen forms a lubricant which adds bulk to the desquamation and assists its discharge. In the great majority of cases it performs this function admirably, and the wax comes away in frequent small quantities, which are almost unnoticed. But it is necessary that its consistence should be correct; if it is too stiff it collects and may in time occlude the meatus. Accumulations of shed epithelium in the meatus are not infrequent and are far more troublesome than collections of wax; they may be due, in part at least, to the absence of the secretion. (—*Lancet*, May 1, 1926.)

### Two Great Scourges

Thirty-four States reported 113,762 deaths from influenza and pneumonia during 1925, which may be compared with 105,109 deaths in 1924.

## Prohibition in Relation to the Medical Profession\*

BRIG.-GEN. RANSOM GILLETTE,  
Albany, N. Y.

Introductory Address, Colonel Walter Jeffreys Carlin,  
President:

It is to be our privilege to-night to listen to a man who knows as much, if not more, about the prohibition situation than any man in the United States. It is true that he who was one of those who was on the other side of the world in uniform at the time prohibition legislation was put through, but when he came back he went into the Legislature of this State and, with the present Mayor of this City, introduced a Bill which was signed by our present Governor which provided for the sale of beer in the State of New York.

That Bill was based on the belief that the Eighteenth Amendment meant what it reads when referring to the "concurrent" power of the States. But the Supreme Court decided that "concurrent" meant simply that Congress should define and the States should say "Me too." That wiped out the liberal legislation. Later Brigadier-General Gillette was general counsel for the Society Against the Prohibition Amendment and also was counsel for the Moderation League.

The *Wall Street Journal* has given part of its front page to the Volstead act as it assists the bootleggers. It states that bootlegging is now the fifth largest industry in the United States, has less hazards, a quicker turnover and greater profits than any other industry and points out the great glories to be obtained from engaging in that business. Today the Circuit Court of Appeals has decided the income from Bootlegging is not taxable.

General Gillette is going to confine himself to that part of the prohibition subject in which many of you are interested, "Prohibition in its relation to the Medical Profession." Dr. Chalmers will publicly help out in the discussion for he helped educate the American Medical Association.

It gives me great pleasure to introduce Brigadier-General Gillette.

In order that no misunderstanding may arise in connection with my appearance before this distinguished gathering, let me say at once that I know but little of the science of medicine and somewhat less, I fear, about jurisprudence. I seize this opportunity to associate myself with the experts in both sciences with great personal gratification and pleasure and due humility of spirit.

I do profess, however, to know something about Prohibition.

Up in my country we spend a good share of our time dodging the speeding automobiles of the rum-runners and a considerable part of the rest of it attending the funerals of the innocent by-standers who are accidentally shot to death by pursuing policemen.

We have policemen of every sort and kind and condition. All our fair cities maintain large and ever larger forces of the common or garden variety of cop. Then we have the state troopers and motor vehicle inspectors; the state conservation police or game wardens, and the ubiquitous town constable is always and ever with us. In addition to all these we have the volunteer policeman, those self-appointed, extra-governmental agencies for the correction of our habits and the protection of our morals, calling themselves civic leagues, or anti-

something leagues, or pro-something else leagues with their addenda of relief corps and auxiliaries and the Lord knows what all.

Then we have Federal customs inspectors and immigration inspectors and postal inspectors, inspectors from the Federal bureaus of agriculture and horticulture and, I was going to say, from the Federal bureau of germcultures and half a dozen different kinds of Federal policemen from the Internal Revenue Department and a dozen different varieties from the Prohibition Bureau.

All these people devote a vast amount of time and an unbelievable amount of energy in unsuccessfully prohibiting me and my neighbors from doing something. Yes, I consider myself an authority on prohibition.

I do not believe in it nor do I ever recommend it as a rule of conduct.

Prohibition is the antithesis of all that makes for good government and good citizenship. When civil government ceases to be the protector of rights and undertakes to be the censor of daily habits and practices, it ceases to be a free government and becomes an autocracy. In a way of speaking I dare say I am exceedingly ungrateful because I criticize prohibition.

My earning capacity at my chosen profession of the law has been greatly enhanced by reason of the energy and initiative displayed by some or all of the several varieties of policemen.

To be sure, our Federal courts have been degraded from their former high estate and now are little better than police courts. It is a fact that Prohibition has made more criminals and social derelicts and outcasts than ever the saloons did in their palmiest days and busiest nights in the same space of time.

Jail building has become one of our principal national industries and the States and the Federal Government are spending more money than ever before for the maintenance and up-keep of our public charitable institutions, hospitals and lunatic asylums.

Prohibition can't seem to prohibit the growth of those institutions any more than it can prohibit the manufacture and sale of synthetic gin and the most villainous whiskey I ever tasted.

The Volstead law has added the medical profession to our national police force. That law regulates and restricts physicians in the use of what is sometimes called "beverage alcohol" in the treatment of their patients. Essentially that is the function of a policeman. All a traffic cop does is to regulate and restrict the use of the highways. But the difference here is all in favor of the traffic cop.

The law directs that not more than one pint of liquor shall be prescribed for any one patient in a period of ten days. It restricts the number of whiskey requisition blanks—the law calls them prescription blanks—which a physician may have in a given period of one month, or some other period of time.

It requires a practicing physician to apply to the proper bureaucrat for a permit to prescribe liquor to his patient, and he must do this once a year. Before the bureaucrat will allow the physician to have a permit to prescribe this deadly and horrible stuff, the physician must bring conclusive evidence to the bureaucrat showing that he, the physician, is neither a burglar, a highwayman, a safe blower, or a second story man; that none of his ancestors for five generations back, on both

\* Delivered before the Society of Medical Jurisprudence at the New York Academy of Medicine, April 12, 1926.

the father's and mother's side, have ever been burned at the stake, hung or convicted for misprision of treason; and it must further appear, to the satisfaction of the bureaucrat, that the heirs-at-law and next of kin, including the executors and administrators of the applicant are heavily bonded to keep the peace or safety locked up in a good and escape proof penitentiary.

All these preliminaries having been satisfactorily attended to, the physician will be trusted with a book—a nice, new, little book printed by the Government and each page numbered from 1 to 100.

Why the prohibition lobby at Washington which drafted this law didn't pick out some other combination of numbers to protect us from the ravages of the demon rum, I never could understand.

Anyone with a grain of sense, well knowing the criminal proclivities of the medical profession, as a whole, would at least have adopted the metric system to identify the separate tickets upon which this deadly and dangerous drug is issued.

The framers of the Volstead law proceeded on the theory that every practicing physician in the United States is a liar, a perjurer and a forger. They drafted the law to fit that kind of a person. And in so doing the people who are responsible for all this kind of sumptuary legislation ran true to form.

Every professional social reformer is more or less of a "nut" on his or their particular idea. He or she sees only the one thing or comprehends but the one idea which attracts or holds the individual's interest.

It is the universal rule that this fixed idea, whatever it may be, applies to but one of the infinite variety of subjects concerned with or appurtenant to social betterment or social welfare.

Nevertheless if the enthusiast is sufficiently industrious and the salaries attached to the organization work required sufficiently large and regularly paid, the fixed idea may readily become a Law of the land, as our legislative history show time and time again.

Quite naturally, any person holding divergent or different views on the subject matter of this fixed idea I have mentioned, is in the eyes of the proprietor thereof utterly wrong, entirely untrustworthy and presumably dishonest.

That being the unalterable conviction of the people who have succeeded in formulating their theories into a law, it is no wonder that the administrators of that law, who are usually non-members of the organization which secured its passage, are regarded with suspicion and distrust. For that reason all sorts of "safe-guards" are written into the law itself and the result is that everybody in anyway connected with or affected by the law are classed as untrustworthy and unreliable.

Hence the treatment accorded to the profession of medicine in the Volstead law.

I have not over-stated the case but rather understated it.

Even after the official prescription leaves the doctor's hands he is an insurer to the government that it shall not be diverted from the use intended.

None but a licensed pharmacist may sell the whiskey to the person presenting the prescriptions.

And if, perchance, the pharmacist sells whiskey on that prescription for use by some person other than the person to whom the doctor issued it, both the doctor and the pharmacist are liable to be made defendants in a quasi-criminal proceeding conducted before an irresponsible bureaucrat and not a court of law.

And this bureaucrat, for any reason or for no reason, can revoke the "permit" a paternal Government issues to our doctors and brand a member of this pro-

fession as a crook and a law breaker in spite of the fact that the doctor is innocent of any wrongdoing whatsoever.

To be sure, the law provides for a review of this bureaucratic decision by the law courts. And it seems to me that that provision of this indefensible statute is one of the most impudent and assinine of any of the provisions contained therein and there are a lot of them.

What member of the medical profession can spend the time necessary to an action in the courts to prove that a bureau official has made an erroneous decision?

Aside from the time so spent it's an expensive luxury to conduct a law-suit. And after all what difference does it make?

Of course, it's an outrage on the individual's rights; it brings opprobrium and disgrace upon him in some quarters; but the easiest way out is to turn up your mental coat collar, consign the government and all its prohibitions to the uttermost depths of hell and go on making your living and attending to your business the best way you know how.

That's the only practical thing to do and to my mind, the right thing to do; but it is not conducive to good citizenship nor a healthy state of mind in a member of the medical profession which is so intimately associated with the material and spiritual lives of all of us.

The Volstead act puts a premium on bribery and blackmail, so far as so-called "medicinal liquor" is concerned.

Under Section 9 of the Act any person may complain to the bureaucrat I have mentioned so often before, against any person holding a permit from the bureau.

The law provides that such a complaint must be made "under oath" but immediately afterwards appear these "weasel words":—"Or if the commissioner has reason to believe" that a permit holder—and that term includes a doctor—is not, in good faith, conforming to the provisions of the Volstead law or of any state law, the commissioner may issue a quasi-criminal process, hale the suspect before him and subject him to an *ex parte* examination of a criminal nature.

That is something entirely new in the experience of modern medical men. Your predecessors in the middle ages were racked and tortured in a laudable effort by governments to protect helpless citizens from the evils of witchcraft and devil-magic of all kinds.

Our modern government substitutes mental anguish and social ostracism for the thumb-screws and the rack but the underlying motive is exactly the same.

"If the commissioner has reason to believe that any person who has a permit is not in good faith conforming to the provisions of this Act—"

Those are the words of the Statute. What do you mean "good faith?" What do you mean "reason to believe?" Why it means that a Commissioner may—and often has—arbitrarily, unreasonably and without the slightest justification in good morals or good citizenship revoked permits issued affecting the dispensation of alcoholic liquors.

The Government of our United States, having committed this crime of tyrannous oppression then says to the victim: "If you don't think we have acted in 'good faith' or if you doubt that we had 'reason to believe' you are a crook, hire a lawyer and go to Court and prove it—otherwise, take it and like it." That's prohibition in relation to the medical profession. That's the position the ancient and honorable profession of medicine now occupies in relation to the government of this country.

You can readily see how unimportant the use or abuse of alcohol as a beverage, or a stimulant or a medicine is in relation to the whole situation.

What difference does it make whether or not a negligible percentage of weak and unfit members of society destroy themselves by unrestrained indulgence of their appetites for drink when, in making an unsuccessful attempt to restrain them, we cheapen and degrade the whole body of practitioners of medicine?

What availeth it to substitute the blind tiger and the speak-easy for the saloon by Soviettizing the practice of medicine?

That is just what Prohibition has done.

Government—that intangible power we have always heretofore regarded with respect and affection—has undertaken to limit the science of medicine in one of its branches; namely the amount of a certain substance which may be given as a medicine in case of sickness. That's the theory of the Soviet-Government shall do all things.

I rejoice to see the change in public opinion so rapidly taking place in reference to this whole subject of prohibition. Hypocrisy is being unmasked. Falsehood and misrepresentation are being driven into the open. The results of intemperance and excess are as certain and sure in the case of virtue as they are in the case of sin.

The medical and the legal professions have ever been the leaders of thought in all constructive effort.

A consideration of the important subject I have had the high privilege of discussing before you tonight, by this body of learned and distinguished men, can result only in good for our country and I am deeply grateful for and appreciative of the opportunity you have accorded me to bring it to your attention.

#### Discussion

Dr. Herman Goodman:

The recent action of the Federal prohibition authorities in calling before the bar of justice several hundred otherwise unimpeachable medical and surgical licensed practitioners of medicine brings in review the part that alcohol for medicinal purposes has played in the failure of national prohibition.

It should first be emphasized that, in all probability, the fault did not lie with the physicians. The matter was one which, in the beginning at least, was beyond their influence. No active propaganda by physicians ever arranged for the loophole, which insignificant in the beginning, has been the actual cause for the ridicule of National prohibition.

How and why the national prohibition act permitted alcoholic beverages for medicinal purposes, in states where the local law was not prohibitory, is beyond the scope of the present discussion.

The least that can be said is that this provision left a leak. This leak was small at first. Drug store liquor had never been a factor in pharmacy. No one had bought a pint of liquor for a sick man from the drug store when liquor stores were open!

The safeguards thrown up about medicinal liquor filled several books, and an organization of several hundred persons. Yet, it was through the provision of medicinal liquor that persons were carried over through the early days of the prohibition period. Assured that liquor was "for medical purposes" diverted from its proper channels, persons bought and drank what was professed to be medicinal liquor.

New York pharmacists became alarmed at the number of non-pharmacists who opened drug stores. A new law took care of that matter, one had to be a registered pharmacist to open a drug store, but corporations were excluded from the Act.

Physicians had voted for whiskey as medicine, probably because they feared further curtailments to the freedom of practice. The Harrison Law had made them all potential criminals. The prohibition act was no different. Hence, the physicians stood for freedom of medical thought, and freedom of medical practice, rather than for whiskey.

Drug store liquor on wholesale druggist permits, papers, exchanges, etc., etc., tided over many persons who just had to have whiskey. Local drug store sales covered by prescriptions purporting to come from physicians helped along for a time.

The idea that whiskey, supposed to be good whiskey, could be had, labeled "for medical purposes" and free from danger helped keep down the ire of persons. In the mean time, bootlegging had become systematized. Transoceanic operations, cross

border work, illicit distilleries, all came in and filled the demand. But, the leak of medicinal liquor came in mighty handy.

The present situation is merely the outgrowth of the foolishness of prohibition which did not prohibit. I maintain that if there had been no clause permitting medicinal liquor, the country would have been dry. There would have been no opportunity for training in liquor law evasion. The people would have known that any liquor they could obtain was poison. There would have been no opportunity of putting over the lie of drugstore liquor.

Because of the prescription clause in the prohibition act this country has suffered. Without the prescription clause we would have had real prohibition with the result that we would have had a change of heart very soon.

Dr. Thomas C. Chalmers:

Alcohol is a necessity as a drug, in the opinion of a large majority of the better men in the medical profession. The questionnaire was so sent out by the American Medical Association that it was impossible to avoid in any way making that vote go dry. Alcohol was voted to be unnecessary as a drug in the House of Delegates in 1917 by a report of a committee brought in during the last fifteen minutes of the session. It was because of this that physicians are allowed only one pint of alcohol in ten days for a patient under the Volstead Act. Two pints would not be enough for me today with the Flu epidemic we are going through. I consider I would be remiss in my duty to my patient if I did not prescribe for his subnormal temperature milk punches or alcohol in small quantities once in every four hours.

This one pint in ten days and no more resulted in what is known as the Lambert suit brought by the Association for Constitutional Rights made up of 100 physicians who had Dr. Samuel Lambert break the law technically and invite suit by the Prohibition Commission. That suit came before Judge Knox who declared in the United States District Court that the clause was unconstitutional which debarred physicians from prescribing more than one pint of whiskey in ten days and no more. I received a telegram from the House of Delegates that they would issue a resolution along those lines but that was never done. The decision of Judge Knox was appealed in the Circuit Court of Appeals which reversed Judge Knox's decision, on the basis that in 1917 the American Medical Association declared that alcohol was not necessary in the treatment of disease. That decision was carried to the Supreme Court and it became my duty to make a fight over a period of four years in the House of Delegates of the American Medical Association to have alcohol declared a necessary drug. This was done in 1922.

In 1924 a resolution was drawn up which said alcohol is a drug necessary in the treatment of disease. In another resolution I asked the Trustees to join in the Lambert suit and act in an advisory manner to the Prohibition Commission, but nothing was done about it by the Trustees of the American Medical Association.

Last year at the meeting at Atlantic City I got enough votes to carry it through when I reiterated that same thing. The principal opponent heretofore had been Dr. Abt of Chicago, a very able physician, but at this meeting he seconded my motion on the alcohol question and it went through as unanimous. The American Medical Association today stands absolutely behind alcohol as a drug in certain diseases. The Association sent Dr. Woodward, head of the legal department, here and he has joined us in this appeal to the Supreme Court of the United States argued by Mr. Auerbach, only last week, and I feel it is safe to say the clause regarding one pint in ten days and no more will be declared unconstitutional.

This resolution in 1925 in the House of Delegates directed the Trustees of the American Medical Association to appoint a committee who should advise with the Secretary of the prohibition commission as to the prescribing of alcohol for medical purposes by physicians. I had provided in the resolution of 1924 that the government should take over the necessary amount of whiskey in bond and bottle it in containers of 4, 8, and 12 ounces of 44 per cent alcohol, sealed under Government seal, to be distributed through agents. That same plan has been endorsed by Senator Edge.

The Lambert suit is up before the Supreme Court of the United States. If the objectionable clause is declared unconstitutional this committee has recommended other regulations which are made part of the argument to the Supreme Court. These new regulations will surprise you, but they tend to do away with all possibility of reflection on the medical profession as bootleggers. The number of physicians who are doing bootlegging is infinitesimally small, but there is a certain per cent, less than 3 per cent of the members of the medical profession in this country, who are selling prescription blanks and this new bill will help to put them behind the bars where they belong. The man who writes a prescription and gives it to a man who gets it for no other reason than because he has asked for it casts a reflection on the entire medical profession and it is an

outrage. It is also an outrage to say, because of such isolated examples of unprofessional conduct, that physicians are responsible for bootlegging.

The Resolutions which have been recommended to the commission, consisting of Dr. Mayer of Pittsburgh, Dr. Alexander Lambert of New York and Dr. White of Boston, recommend the following: You may prescribe one pint of whiskey for a patient in thirty days instead of ten days, but the words "And no more" are not there. If your patient needs more whiskey or brandy or wine all you have to do is to write for what you believe he needs and you will get it. You send a copy of that prescription to the prohibition commission of the district in which you live. If they doubt that you have legitimate need for the amount you have prescribed they may require you to state how many patients you have prescribed for and how much you have prescribed according to your belief to be necessary and you simply commit perjury if you make false statements.

That is one of the best things that have been done. If you have been prescribing six quarts of whiskey to a patient how could you have given it as a drug. We limit that to 2 quarts. How many need five gallons of alcohol in a year as medicine? You are only going to get three. Each can be increased by the same clause. This is very necessary for in such diseases as flu and pneumonia increased amounts are needed. I always have, and until I retire I always shall use alcohol in one-half ounce doses in certain diseases at repeated intervals.

The members of the medical profession are not bootleggers; the majority have no sympathy with the man who casts reflections on his profession by his conduct in the matter of prescribing alcohol. But I do not procure the whiskey for my patients for as a matter of principle I have refused to take out these prescription blanks for over a year. I merely tell them they need it and how to take it and they procure it themselves.

Dr. Wolff Freudenthal:

In his introductory address, the President quoted the *Wall Street Journal* as saying that bootlegging as an industry is fifth in importance in the United States today and that the bootlegger is free of taxation. I believe it is right that he should be free of taxation for I consider him a benefactor to his country. From a medical point of view alcohol is as necessary as food and medicine, but the Government does not consider this. The states of the Union differ in their decision regarding it; in New York State physicians are allowed to prescribe it, but in some states its use is absolutely prohibited. Recently while travelling through Arizona I suffered very much from the dry heat and could get relief from large quantities of iced water, ice cream or other cooling fluids, and the only thing that saved me was a teaspoonful of whiskey on and off. If I had not been able to get this I would have suffered from serious gastro-intestinal trouble afterwards, for iced drinks do not agree with me. But this was absolutely against the law of the State, though I could get all the whiskey I wanted.

Many men have been accustomed to taking a small amount of alcohol before the main meal of the day and without it there is loss of appetite and digestion of the food is imperfect. Can anyone blame such people for resorting to bootleggers? I am treating an old lady of 70 with cancer of the throat. She suffers a great deal and can hardly swallow. The only thing that gives her relief is a certain wine which was formerly imported and which she cannot now procure. A friend obtains it from a bootlegger. Bootleggers are thus saving lives in spite of the people in Washington and may justly be called benefactors!

Every year at least 4,000 people die from bad alcoholic drinks, according to Professor Yandell Henderson. It is time we get rid of this curse, prohibition, and the quicker the better.

Dr. G. Alfred Lawrence:

General Gillette's paper was most suggestive and I am in accord with everything he said. I am also in accord, to some extent, with Dr. Chalmers, although I think he is too severe in his plans as regards the alcoholic disbursements for the medical profession for I think they should have at least the same privileges as the bootleggers. Bootleggers made \$3,600,000,000 last year and if the Government would license the bootleggers they would collect a good deal of money and thus relieve us of paying considerable amounts in taxes so that we could have our income taxes further cut and we would be able to go to a theatre once in awhile instead of having to pay out all our money to bootleggers.

Prohibition is unpopular and cannot be enforced and yet the farce goes on and we all pay the price. What should we do? Let's have publicity of our opinions on the subject and have our views brought before the public, showing that 95 per cent of the people are drinkers. Let the Government modify the Volstead Act so that we can get good, safe alcoholic beverages at reasonable prices, or else enforce the law. If the Government must have inspectors, I would suggest that they select as enforcement officers men from the Veteran's Bureau who are

deaf, dumb and blind and so disabled in the upper extremities that they cannot accept graft for then they will be much more efficient and harmless than the majority of inspectors we now have who are supposed to be enforcing the law at the present time.

Dr. B. S. Talmy:

It seems to me that the fuss that is being made about the medical profession misusing its privileges in regards to dispensing alcohol is "Much ado about nothing." I have had a book of 100 prescriptions for alcohol for the last three years and the blanks are not yet exhausted. When I prescribe whiskey and offer to give the patient a prescription he invariably says, "I don't need it; I can get all I want myself." Certainly, nobody can truthfully say that the doctors are the cause of the non-enforcement of the prohibition law.

Dr. M. L. Rhein:

I want to say something about Dr. Chalmers' idea of limiting the supply of whiskey to two quarts a year. I think if his committee would look at it from my standpoint they would not entertain such a proposition. I believe it ought to be evident, from a medical standpoint, that bootlegging has been as great a plague as any that ever afflicted poor humanity. From all the information I can gather the most respected among them is a liar and there is nothing they offer for sale that can be accepted as fit for human consumption. I have utilized my ability to purchase whiskey to the extent of six quarts in two years and have used that amount almost entirely in turning it over to people whom I believe required it, in pneumonia cases, for instance, and who would not be safe in procuring it elsewhere.

Here is another point: I have just returned to the city from a little vacation at a fashionable resort. When I arrived there I met an old friend, a man of 66, who had recently been operated on successfully for cataracts. He started active exercise too soon and had a breakdown, with his heart in bad shape, and getting worse. The physician in the hotel had been giving him spirits of ammonia and strychnine as stimulants. When I asked him why he did not give the patient whiskey he replied, "I realize that is what he needs but I am afraid to prescribe it because I don't care to have the same reputation as physicians who do so."

I had a couple of quarts with me and my friend was all right in a few days. I have found this same attitude toward prescribing whiskey in many physicians; they hesitate to do it for fear of gaining an unenviable reputation. If for no other reason, this is an argument in favor of the amount of whiskey now allowed to physicians for distribution not being diminished.

Dr. Chalmers:

I should like to supplement my previous remarks by replying to Dr. Rhein that there is not one reservation on the proposed bill that has a qualifying clause. The advantage is that you can get your whiskey from the Treasury Department in pint lots at a time which is enough. We have felt we should put some safe-guard around prescriptions to protect our profession against the small minority. I think it is unwise to prescribe whiskey that has not been analyzed. If the Government will store medical whiskey and send it directly to selected district agents to whom your prescription can be taken and filled, you will be able to guarantee your patient whiskey of proper standard and quality.

General Gillette:

This evening has given me a very interesting experience. I have discussed the subject of prohibition with Ella Booth of the Women's Christian Temperance Union and survived; I have debated the subject with William H. Anderson and escaped one jump ahead of him; I have argued over the subject on to or three occasions with Wayne B. Wheeler and the meetings broke up more or less amicably. I have always appeared as an ardent defender of the demon rum. To get the point of view of a gathering like this is both interesting and instructive; I can now understand how you feel and think on the subject. However, and here is the main thing: I do not believe we will get far toward righting our wrongs by looking at the subject of prohibition from the standpoint of the doctor or of the lawyer, of the patient who needs his whiskey, or of the diner who wants his pre-prandial stimulant. We will have to consider it from the standpoint of American citizens.

Remember, the United States Government was not founded to regulate the habits, or morals, or thoughts of the people subject to it. On the contrary, it was founded chiefly to get away from that state of affairs which had previously existed in the world for untold ages until the Declaration of Independence was signed and a free constitutional government was founded. Certain broad principles were written into that charter but the government did not pretend to regulate the operation of those principles. The function of this Government was to give everybody an equal chance and itself to attend to those things that every-

(Concluded on page 43)

## Public Health: Its Friends and Foes\*

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Quackery, defined as "boastful pretence," imposture, "pretended skill in medicine, false pretence in any art," can hardly be classed among the friends of public health.

In the *Ladies Home Journal*, in 1924, Mr. Van de Water told its readers there were then 15,000 unlawful practitioners of medicine in the United States, and in the same number he showed how any one interested could distinguish the lawful from the unlawful by answering the following questions:

- A. From what school of medicine did your physician graduate?
- B. What standing had this school?
- C. Did he take a post-graduate course in hospital?
- D. How long and when?
- E. Is he a member of your County Medical Society?
- F. What do the physicians in your vicinity think of him?
- G. How long has he been in practice?

Pertinent questions these, and worthy of pondering by him who contemplates employing one to whom he wishes to entrust the welfare of loved ones in sickness or accident.

It would undoubtedly surprise you if told that in your City and County Directory, listed under "Physicians and Surgeons," there were one or more names with "Dr." either before or after, who have no legal title to such, though condoned without protest through indifference and possibly lack of statutes specifying who are forbidden to pose before the public for what they are not.

European countries guard this title more rigorously. Ours tolerates without protest and consequently both justice and the public suffer.

Talleyrand spoke truly when he said, "All doctors are not doctors. The word doctor rightly belongs to physicians and to them alone." So many fakers, lounge-lizards and no-accounts have prefixed the title "Dr." to their names that those who are entitled to it are almost ashamed of it. For this reason many British physicians and surgeons prefer to be called Mr.

The advance of preventive medicine has made possible increased longevity. Nations are prospering through beneficent scientific discoveries for the prevention and cure of disease and pestilence and it has been demonstrated beyond cavil that there is in existence no more altruistic profession than the practitioners of medicine. They serve often without compensation and broadcast without stint their beneficent discoveries. If they profited thereby many would be multimillionaires. How unlike quacks who profit by advertising their wares, and enrich themselves through false propaganda.

The general medical profession has for centuries been as silent as the Sphinx, apparently asleep to their collective opportunities. Now physicians are waking up and through consideration of their interests are beginning to guard them. Through stimulating efforts of the American Medical Association they are waking up to their obligations to themselves and their clients. Through united efforts they are beginning to interest the public in themselves and in public health, as friends rather than enemies, in a manner heretofore denied the individual practitioner by his ancient ethics, and by such measures individual stigma is being avoided which otherwise would result from apparent aggrandizement of the individual.

It is interesting to the profession to note the growing attitude of the general press, the more self-respecting publications having tabooed quack advertisements and the exploitation of internal remedies in their columns. We should be grateful for this.

As an illustration I quote from a recent editorial in the Minneapolis *Journal* as follows:

"The debt which public health owes to conscientious newspapers which have led the war on quack advertising is acknowledged by Leon Whipple in "Survey Graphic," who says "*Homo sapiens*" is inherently avid for anything that will make him well if ailing, or feel better if not.

"Quack medicine advertising exploits this. The quack's false promises deter the sick from seeking and obtaining relief, while the dope he peddles is frequently injurious to those in normal health, doctoring themselves for imaginary diseases conjured up out of printed symptoms."

Further, tracing this ghoulish exploitation from earlier colonial times to very recent days, when newspapers accepted any kind of nostrum offered them, Mr. Whipple says, "No paper seemed too respectable to print the claims of specialists in private diseases, or testimonials of soothing syrups, full of laudanum, catarrhal powders composed of cocaine, etc., the manufacturers becoming multi-millionaires and the newspaper publishers fattening on this diabolic pandering to the health hunger of the race."

Commenting on the above the editor said: "Mr. Whipple may be assuming that there are no goats among the journalistic sheep, and that quack advertisements are as extinct as lottery ticket advertisements, but an examination of more than one of the middle western newspapers claiming high prominence in its field, would disillusion him.

"This diabolic pandering unfortunately continues, although all self respecting newspapers have joined the *Journal* in its established policy of refusing its columns to internal medical advertising."

Such is confirmation that there are self-respecting newspaper editors who have public health and service at heart and are not afraid to utter truth and are willing to forego self and set a good example to confrères, and set at naught those trite sayings "Silence is golden" and "Truth should not be spoken at all times." Both are paradoxical to the writer, who believes that when one becomes cognizant of truth, falsehood should not be condoned through prudishness or silence for fear of criticism, as such an attitude would be equivalent to being a mollycoddle.

Christ was none such. Are any of us more astute and can we assume to be better models? He hesitated not to reprove or to condemn fakers, and combat error, and He even drove the money-changers from the temple, with a scourge.

In imitation of this beloved physician in our efforts at healing the sick can we assume to be more astute or efficient in dealing with reprobates and fakers, than He who told his followers that only lack of faith deprived them of doing as well or better than He? Is our faith greater than theirs that we can by silence improve on His example?

The writer has no fight with honest and conscientious practitioners of medicine; only that which smacks of quackery is an enemy to public health and of general medicine as well.

\* Read before the Blue Earth County Society, Minnesota, Sept. 17, 1926.

There can be no question, methinks, which are the public's friend. My fight is with the statutes which have been enacted, which represent class legislation in most of the States of our Union.

Self protection is "the first law of nature," Bergson says. "One's first impression is to seek shelter; second,—which is better—to become supple for flight, but above all for attack, this being the most effective means of defence."

Bravery includes every virtue, humility every crime, says the author of the "Creed of the conquering hero."

Our own rights and the public health are menaced by quackery so long as it exists. It is our duty as well as privilege to not only defend ourselves but the public as well, so let us adopt the most efficient methods of defence possible. Let us attack the enemy by telling the public the truth and if possible induce legislatures to establish universal laws controlling such men as aspire to practice the healing art, without favor.

Let us not be mollycoddlers, sitting quiet, doing nothing, like "old practitioners" who advocate the let alone policy in the belief that quackery will die of inanition. It still survives and waxes fat under such treatment, and is dying altogether too slowly under let alone treatment.

Nowhere up to the present has the writer noted a single commendatory statement in medical journals of a newspaper or magazine condemnation of quackery, nor have I known of any of our medical society members to show any interest in or commendation of such editorials. This shows how little interest we have in our own welfare and that of our clientele.

It is high time that we woke up to our privileges and manifested at least courtesy and commendation to our allies and showed some appreciation for their interest in us and our work.

We note that the editor of *Minnesota Medicine* mildly commended the Twin City Medical Societies for turning down the Tulsa plan so successfully inaugurated for assisting the American Medical Association in its suggestions for educating the public as to its own needs, no doubt for fear of criticism or of staining their burnished escutcheons. It is a pity that sauce for the goose is not for the gander and the more so that we cannot more generally see things in the same perspective and thus better agree.

There is no question that general practitioners of medicine as a class are magnanimous and altruistic. Quack competitors serve ostensibly for self, and in their selfishness demand, like the attorney, a retainer before serving. The physician serves in the effort to increase longevity, save life and restore the afflicted to health, for which he receives less compensation, usually, than does the tradesman for his wares.

Superstition is rampant, and practically universal, consequently we have those who are susceptible to occult influence and are easy victims of the quacks and cultists' propaganda. These people spend money freely in securing laws which they often scorn and overstep when it limits their activities and thus encroach on others. Many are anticipating being absorbed by regulars as have been the homeopaths in the past and are like the optometrists who now are proposing a deeper entering wedge by insisting that no person not having a certificate from their exclusive board of examiners shall be permitted to do refractive work, no matter how experienced or what qualifications he may have been granted. They intend to supplant the ophthalmologist who must already have had a general medical certificate before he can specialize in medicine. Many such, having no knowledge whatever of the essentials demanded of practitioners of medicine, are attaching the title "Dr." to their names and thereby are deceiving the public.

Reed and Carnrick in their little quarterly have long been spurring the general practitioners to a realization of their neglect for not standing up for their rights, and those who have relegated these quarterlies to the waste basket have missed some good advice as well as entertainment, which is to be deplored; it has been good for the soul.

The medical sphinx is beginning to waken and will soon rise, I hope, in his glory. Let us not crucify him as was done the greatest of all healers, but sit him on a pedestal for the world to look upon as the protector of public health.

#### Review of Obstetrics and Gynecology (Concluded from page 27)

In conclusion the author says: "The present puerperal death rate is a disgrace to the profession, but there is little likelihood of any improvement in these statistics until the profession learns to make a correct diagnosis and to recognize the cause in which operative intervention is necessary."

#### Venereal Disease Control (Concluded from page 30)

many of them in connection with visits to institutions and communities where special work is being done.

5. Several meetings were arranged for Dame Rachel Crowdy, Chief of the Social Section of the League of Nations, during her visit to the United States in May and June, 1926. Of particular value were round table conferences with social work executives during the National Conference of Social Work in Cleveland, Ohio, and a similar meeting in New York City.
6. Cooperation with the U. S. Immigration authorities has been continued in an effort to aid in dealing with the problem of immoral alien immigrants; and a study of sources of information regarding sex delinquency among foreign language groups has been begun.
7. A member of the field staff made a field trip to Cuba in March for lectures and conferences with national officials and agencies on social hygiene problems. It is an interesting fact showing Cuba's serious purpose in promoting social hygiene, that the vice districts in Havana have been closed and foreign prostitutes and souteneurs have left in large numbers.
8. A meeting of South and Central American delegates to the Pan American Red Cross Conference was held to review the findings of the 1920 All America Conference on Venereal Diseases, and the Association is preparing a report on the results of this meeting.

#### Prohibition (Concluded from page 41)

body could not do such as running the post office, regulating the relations between states and between this country and other governments, affairs relating to the seas and streams. We cannot find written into that charter a sumptuary statute. The use or non-use of alcohol is the least important part of this situation.

The point is, are we going to change our form of free, representative government. This matter of how the medical profession shall relieve itself of a stigma is only a side issue; if the Government cannot trust you to properly handle your cases you are not fit to hold a license. On the other hand, if you are content to palliate, to be content to treat the symptoms and not attack the disease itself in this whole matter you will accomplish nothing. When the members of the American Medical Asso-

ciation shook themselves free from the fear that it was not nice to favor the use of alcohol, when we all oppose ourselves to what seems to be an overwhelming public opinion that those in favor of using alcohol are beyond the pale, such organizations as this society can drive the sanctimonious out into the open. The labor union is at last doing it. Why not the physicians? Why not the lawyers? Are they still afraid it may affect their personal standing in the community? Until we get beyond that point of view we will be continuing to treat the symptoms and letting the disease run its deleterious course.

### Glands of Internal Secretion (Concluded from page 35)

Hunt, H. Lyons: "Experiences in Testicle Transplantation," *Endocrinology*, Sept., 1922, Vol. VI, pages 653-656.  
 Hunt, H. Lyons: "Gland Transplantation," *Am. Journal of Clinical Medicine*, Vol. 30, No. 12, pages 862-866.  
 Hunt, H. Lyons: "Further Experiences in Gland Transplantation," *N. Y. State Journal of Medicine*, December, 1925.  
 Hunt, H. Lyons: "The Physiology of the Gonads," *Medical Times*, Oct., 1926.  
 Hunt, H. Lyons: "The Glands of Internal Secretion"; "The Effects of Puberty," *Medical Times*, November, 1926.  
 Irving H. Pardee: "Pituitary Headaches," *Archives of Internal Medicine*, 1919, Vol. 23.  
 Leonard Williams: "Minor Maladies," fourth Ed., 1918.  
 S. Feldman: "The Endocrinological Aspect of Dermatology," *Med. Jour. and Rec.*, 1924.  
 A. S. Blumgarten: "The Role of the Endocrines in Common Medical Diseases," *Med. Clin. of N. Am.*, 1921, IV.  
 Dr. Jacquemin: "Relation Between Tuberculosis and Gonadal Function," *Gaz. Held. d. Sc. Med. de Bordeaux*, 1926 (*Endocrine Survey*, Sept., 1926).  
 McCready: "The Instability of Adolescence from the Endocrinological Standpoint," *N. Y. M. J. & R.*, Aug. 15, 1925.

## The Physician's Library

**Physiology and Biochemistry in Modern Medicine.** By J. J. R. Macleod, M.B., LL.D., etc., Professor of Physiology in the University of Toronto. 1,054 pages, 5th edition, 291 illustrations. The C. V. Mosby Co., St. Louis, 1926.

This is the fifth edition of Macleod's very thorough work. It is not only a textbook of physiology but a guide to the application of physiological principles at the bedside. The chapters on blood, respiration, ductless glands and carbohydrate metabolism are especially valuable because they present the latest aspects of these rapidly changing subjects. It is a successful attempt to present within the covers of a single book an adequate survey of the growing science of physiology. Because of its clinical slant it should enlist the deep interest of the practitioner; through its aid he will find most of the dark corners of his craft brightened up and successful management of his patients enhanced. The 291 illustrations admirably supplement the text.

**An Introduction to the Practice of Preventive Medicine.** By J. G. Fitzgerald, M.D., LL.D., etc., Professor of Hygiene and Preventive Medicine, etc., University of Toronto, and six associate authors. 792 pages, second edition, 130 illustrations. The C. V. Mosby Company, St. Louis, 1926.

This is the second edition of Fitzgerald's excellent work, necessitated by the rapid advances in this field. Scarlet fever receives special attention and all new data pertaining to it are presented. This fine work should vastly extend the growing interest in preventive medicine and play a great part in the further reduction of morbidity and mortality. For all those who desire to embrace the opportunities offered to the practitioner of preventive medicine—and who is not, to-day, a practitioner of preventive medicine?—this book furnishes an indispensable guide. The numerous illustrations are of a most satisfactory character.

**Human Pathology.** By Howard T. Karsner, M.D., Professor of Pathology, Western Reserve University. 980 pages, 463 illustrations. J. B. Lippincott Company, Philadelphia and London, 1926.

If "clinical medicine is applied pathology" then this book should serve as a Bible, or source book, clearly descriptive of the morphological alterations which occur in the course of disease and highly revealing as to their functional significance. It is very modern in spirit, which is to say that it is largely concerned with the broader functional aspects of disease and not merely with pathological anatomy, as such, in the older sense. It vitalizes the study of morbid form. The basic subjects of medicine, pathology, finds expert exposition in this book. The many illustrations clarify the text admirably. A vast subject has been compressed into a single volume without loss of vital values. The practitioner will find this work a splendid foundation upon which to build his clinical activities.

### The Normal Child, and How to Keep It Normal in Mind and Morals, by B. Sachs. P. B. Hoeber, 1926, pp. 111.

In this book Dr. Sachs gives us brief but pointed bits of advice for the guidance of the physician in his control of the growing boy or girl, and for the instruction of the parents on the same topic. The author's experience and study along these lines permits him to state his views with authority, and this in turn has given the book a touch of vitality and interest that is pleasing. The advice contained therein is not too generalized, as one might fear, but instead turns skilfully to as many specific problems as could be readily covered in such limited space—showing them mainly on a basis of good common sense. The chapter dealing with psychoanalysis is no doubt a bit too technical to be of practical value to a lay parent reading this book, but it is one that will be greatly appreciated by medical men, both for its able discussion of Freudian theories and for the amusing satire that is directed at them by the writer.

**International Clinics**, vol. iv, 1926. Lippincott Co.; pp. 308; edited by H. W. Cattell, M. D., of Philadelphia.

All of us know well the series of volumes of which this is one. This volume contains, as usual, enough material of a diversified nature to satisfy any reader, no matter what his particular preference might be. Interesting articles are found on diabetes and its accompanying infections; epidemic diseases that were recorded and observed in Europe as remotely as the year 1600; experiences of physicians as patients; medical, surgical and neurological problems as approached by prominent men of the profession in various parts of the globe; the volume ending with a report of the Cleveland Meeting of the 1926 Interstate Post-Graduate Assemblies of North America. It is sufficient to say that the articles have been well selected and well arranged in book form.

**Shell Shock and Its Aftermath**, by Norman Fenton, Ph.D. C. V. Mosby, 1926; pp. 173.

The topics suggested by the title are covered satisfactorily by the author. Instead of delving deeply into the theories of the etiology of this rather vague condition, Fenton gives only briefly the various explanations offered by the accepted authorities, preferring rather to set before us a truly remarkable set of statistics, and to demonstrate to us just how the whole problem has been, and is still being, approached. By this method of presentation the fact is further brought home to us that the question is not yet solved, making more forceful the author's plea for more sympathetic and active interest on the part of the general practitioner. The fortunes (or misfortunes) of shell shock patients following the war, as depicted in this book, serve to acquaint us clearly with the seriousness of this unusual condition, by calling to our attention the problems of chronicity, recurrence, and lasting susceptibility to such distressing symptoms. Thus the chapters covering the aftermath of the war and the ex-soldiers' problems of readjustment are of greatest interest to the average medical man, while those relating to war-time statistics will appeal mainly to those connected with administration and control of medical problems on a large scale.

**Transfusion of Blood.** By Henry M. Feinblatt, M.D., Assistant Clinical Professor of Medicine in the Long Island College Hospital, etc. The Macmillan Company, New York, 1926: 24 illustrations; 137 pages.

Transfusion is being so widely applied nowadays that an authoritative presentation of the entire subject, such as Dr. Feinblatt's, will serve a most useful purpose. This book is written in the same clear style as the author's earlier work—"Clinical Laboratory Medicine." The Feinblatt blood transfusion apparatus, which is a triumph of simplicity and which obviates the possibility of a reflux of blood from patient to donor, is fully described. The practitioner will find this book indispensable if he engages in this type of work, and even if he doesn't it should be in his library for educational reasons.

### The Human Factory Upkeep

Dr. Charles H. Herty, president of the Synthetic Organic Chemical Manufacturers' Association of New York, points out that the greatest organic chemical factory in this country is the bodies of its 115,000,000 inhabitants, and to keep this great factory in its present inefficient state of repairs the Nation is spending annually a sum of \$1,015,000,000.

This annual expense is divided between the following for 1925 (population 1925—113,493,720).

Drugs, including patent medicines, \$500,000,000.

Doctors' services (estimated on the basis of average income per doctor per year, \$1,500), \$220,000,000.

Five per cent interest on \$624,000,000 of hospital investments in lands, buildings, and furnishings, \$31,000,000.

Hospital maintenance, \$264,000,000.

Total, \$1,015,000,000.

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## Correspondence

### Failure of Force in Education

To the Editor of THE MEDICAL TIMES:

Please let me thank you for the reprint you sent me, at Professor Jeannette Marks' request, on the Failure of Force in Education. It is extremely interesting to have this point of view so vividly expressed from Vienna. Dr. Redtenbacher's paper breathes the spirit of modern progressive education. As school physician, he has his eye upon teachers as the source of the new spirit—and of course he is right. But even more vital is the task of educating parents to understand the harmfulness of mere force. The modern movement for parental education is spreading rapidly and promises to supplement what the school can do to change the atmosphere from one of compulsion to one of understanding affection.

It is gratifying to find THE MEDICAL TIMES giving space to so fundamental a problem of education.

HELEN T. WOOLLEY, Director.

New York, December 15, 1926.

### Medical Society Attendance

A group of physicians was addressed by Dr. C. D. Selby, president of the Ohio State Medical Association, recently at a dinner given by the Sandusky County Medical Society, at Fremont, O.

Dr. Selby's subject was "The Five White Crosses." In reviewing the activities of medical societies, both state and county, he spoke of the various methods of cults and isms employed by them to discredit medicine. He likened each sinister attempt against the medical profession to a white cross, which is set along the public highway to mark the place of a fatal automobile accident.

The crosses are: 1. Trespassing upon the doctors' domain by county health officers. 2. State public health service. 3. Free state clinics. 4. Free city clinics. 5. The cults.

In order to successfully combat these organized forces of destruction the doctor urged the physicians to keep themselves alive to the necessity of fighting to preserve their legitimate rights as medical practitioners. He said that every effort should be made to get all reputable physicians to join the societies, and then interest them in the various duties of membership.

Dr. Selby made the astounding statement that only 20 per cent of the members of both state and county societies attend the meetings of the organizations. If this is true, then, there must be some very good reasons for the alarming condition. And, again, it is proved that, in the interested minority, one finds the real framers and defenders of the laws which protect the legitimate medical practitioner.

During the general discussion many reasons were given for the lack of interest, by the members, in their state and county societies. The numerous organizations, lodges and social bodies, rotary and exchange clubs, chambers of commerce, city offices, prayer meetings and neighborhood festivities were recognized as causes for the non-attendance at medical sessions. One doctor declared that medicine should be first in the minds of physicians, for by the practice of medicine they gain their livelihood.

The chief reason, however, for the indifference of medical men to their own and their society's welfare is the absence of enthusiasm in their work among their sick, as integral parts of the organization body.

But there was a time, even in the recent past, when every doctor, as a full-fledged member of his county society, felt that he was really an important part of the organization. For he was invariably assigned a duty by the program committee to perform. And may it be said to his credit, that he seldom failed to do his full duty. The paper he read before his professional brethren was carefully and intelligently prepared, was received by his colleagues with keen interest, and was discussed by them with great benefit to all. Then, all the members were alive, alert, ever ready to participate in the various activities of their society.

But, unfortunately, to the very apparent detriment of the interest and progress of the individual member, the plan of inviting leaders in the profession, in nearby cities, to address the membership was inaugurated. The very noticeable result: gradual loss in both interest and attendance. And the officers of county societies, adopting the plan, after a while begin to murmur about the disinterestedness of members in even the meetings addressed by noted specialists.

Medical men, with but few exceptions, are somewhat like

the old woman who attended prayer meeting regularly. Habitually, upon returning home from the meetings, she would retire to her room. But there came an evening when she returned from the meeting singing joyfully. She sat down in the midst of her grandchildren and told them stories of her happy childhood. Her daughter wondered at the change in her.

"Why are you so happy tonight, mother?" she inquired curiously.

"We had the best prayer meeting we ever had," replied the old lady enthusiastically.

"Why, what happened?"

"I spoke" said the grandmother, her face aglow with conscious pride in her new experience and merited achievement.

It is just the same with medical practitioners—they, too, like to hear themselves talking to their interested colleagues on some important medical subject. They, too, like to stand on the rostrum of individual recognition as active, wide-awake, willing members of their medical organizations. They, too, hugely enjoy the triumph of success as medical authors and speakers. They, too, are greatly pleased to hear the plaudits and receive the hearty congratulations of their co-workers in medicine. They, too, know that the doctor who prepares a paper on a medical subject gets more out of it than the fellows who hear it read.

Near the close of the general discussion the writer was called upon to give his personal views of the causes of the lack of interest in physicians with regard to the welfare of their medical organizations. He told them frankly that the indifference of the non-attending physicians was due chiefly to two causes, namely—prejudiced minds and weakened ambitions. They no longer are whole-souled students of their noble profession. They are warped by age which slowly advances upon the citadels of their active, virile, co-operative minds—the armed fortresses of thinking, investigating brain power of young manhood.

Rest and peace, comfort and ease, and the spirit of what's-the-use tend to prevail in many physicians' lives. And there are so many physicians, too, who diligently continue to pursue their work of progress in society activities—without the least concern as to the fellows who are losing interest in the good cause.

The former class of doctors are in a rut that is more detrimental to the advancement of medicine than the listlessness and disinterestedness of the latter class. For the tendency of selfish work is to grow still more and more selfish.

So instead of the actual working minority continuing their work alone—and in a somewhat selfish manner—they should not cease in united effort to bring the negligent physician back into active work with them. And when a member is absent from a meeting, an effort should be made by the president and secretary to learn why he was absent. The member should be impressed with the importance of regular attendance at the meetings of the society—that his presence and active participation in the meeting are an inspiration to his colleagues, as theirs to him. And if some coaxing is necessary to get him to attend the sessions, for human nature likes to be coaxed once in a while, it should be logically employed. The physician who is well versed in the mystic art of coaxing should be the president of the society—and the secretary should be his twin brother.

The writer also told his audience that physicians should become up-to-date students of medicine—and should take an active part in the society work. They should write essays on important medical subjects and send the essays to a medical journal for publication in its columns. They should see to it that the program is varied from time to time, and thus get out of the stereotyped work of the past. Modern medicine in all its varied phases should be ably, intelligently considered.

The introduction of an outside leader in medicine now and then, who is well qualified to give a comprehensive talk on his specialty, is advisable. But far better still, instead of having every meeting addressed by outsiders, would be the plan to have members prepare essays, and have outsiders act as friendly, but frank, critics of the essays after they have been read. Then, there would be a mutual exchange of ideas relative to the subjects discussed, and both essayists and critics would receive new thoughts and inspiration.

Many physicians have no doubt read in the daily press recently of the preacher who has a congregation of 1800—and of that number he has 1300 busily engaged in some specific work in his church. Each one is assigned some duty to perform—constantly.

Who wonders at his phenomenal success and popularity as a minister of the gospel? Who doubts the efficacy of united effort? Who hesitates to acknowledge that such a spirit of hearty co-operation should prevail in the medical profession? Will you aid in its consummation? The spirit of co-operation does much to allay the jealousies and prejudices of men.—(Med. World, June, 1926.)

## Public Health

### Detection of Venereal Diseases in Detention Institutions

It has been estimated that in the United States institutional care is being given to—  
 23,000 juvenile delinquents. 100,000 deaf and dumb.  
 100,000 blind. 100,000 paupers in almshouses.  
 100,000 criminals. 300,000 insane and feeble minded.

It is also estimated that two-thirds of these defectives are parents of defective children and that for their accommodation there are maintained—

42 institutions for the feeble minded.	1,200 refuge homes.
115 schools for the deaf and dumb.	1,300 jails and prisons.
350 hospitals for the insane.	1,500 hospitals.
	2,500 almshouses.

The presence of venereal disease among these defectives attracts particular attention especially where a causative relation to the defects exists and the patient is beyond the possibility of cure. Where the relation to the defectiveness is incidental or contributory and the patient is susceptible to cure, the greatest opportunity is offered the medical and nonmedical officials for the prompt detection, adequate treatment, and instruction of a detained group whose release from their venereal-disease handicaps may promote their restoration to health and usefulness. The high incidence of venereal diseases among such classes is reflected by many studies and reports, and the necessary measures for their detection are emphasized.

The 1925 Annual Report of the Surgeon General of the United States Public Health Service gives data for 39 correctional and penal institutions as follows:

Patients admitted:	
Syphilis .....	4,150
Gonorrhea .....	3,836
Chancroid .....	122
	8,108
Patients discharged as noninfectious .....	4,314
Treatments given .....	242,525
Doses of arsphenamin (or similar product administered) .....	23,813
Wassermann tests made .....	37,242
Microscopic examinations for gonococcus infection .....	10,573

At the Denver Florence Crittenton Home where the Wassermann test was made routinely on delinquent girls, averaging an age of 16, 46 per cent of the mothers were found syphilitic.

Mateer, who definitely accepts an interrelation between congenital syphilis and delinquency, found 12.9 per cent with a positive Wassermann reaction among an unselected group of 216 dependent children ranging in ages from 1 to 19 years. All of these children were wards of the State.

In a group of 1,518 inmates of San Quentin Prison, 10.93 per cent were found to be syphilitic. At this institution antisyrphilic treatment is compulsory. Among the prisoners at Sing Sing Prison it was found that 21 per cent of the inmates were syphilitic and 60 per cent suffered from active gonorrhea. Among a group of 3,000 prisoners in the State of Alabama 37 per cent of negro women, 25 per cent of negro men, and 14 per cent of the white men showed positive Wassermann reactions.

From January, 1918, to June, 1922, routine examinations made upon admission to the Georgia State Sanitarium showed 857 positive blood Wassermanns and 310 positive syphilitic spinal fluids. Of all admissions about 18 per cent showed positive blood Wassermanns, more than 7 per cent showed positive spinal fluids, and 6.7 per cent of positive spinal fluids were associated with negative blood Wassermanns.

H. M. Smith states that among 35,000 Wassermann tests made in South Carolina at the State hygienic laboratory, only 250 were made on the cerebrospinal fluid. He is of the opinion that doctors employ the test of the spinal fluid too rarely. In unsuspected or apparently healthy persons the test showed up from zero to 20 per cent. Incipient or masked neurosyphilis which otherwise would not be detected may thus be diagnosed.

The importance of examining the cerebrospinal fluid is obvious, and it is being more frequently done in private practice, insane asylums and some homes for delinquents. In prisons, however, serological tests of the spinal fluid have not been made compulsory. The spinal-fluid examination, if it were made a routine procedure in all prisons and institutions of detention, would supply useful information to the criminologist and social worker as well as to the psychiatrist and physician.

The State board of control of Wisconsin, under the psychiatric field service, has taken an important step forward. Blood

Wassermanns are being taken as a routine in all of the Wisconsin State correctional institutions, and in the major institutions spinal-fluid examinations are obtained as a routine in all cases showing positive blood Wassermann reaction. This regulation is soon to be extended to all cases giving a history of syphilis, even when showing a negative blood Wassermann. Several spinal-fluid responses have been found in patients who otherwise would have passed through the correctional institution without the detection of the luetic involvement of their nervous systems.

Fischer estimated that there were about 125,000 syphilitic patients in German penal institutions every year.

Schneller, in reporting on venereal-disease patients in the Dresden prisons, states that as soon as the diagnosis is made the patient is given reading matter prepared by the German society for combating venereal diseases and then put under treatment. Often these patients refuse treatment and ask to be taken to a hospital in the hope of escaping detention. Strict isolation is observed with these patients and a mark is put on the cells to show where the venereal-disease patients are kept. They are not permitted to work with the other prison inmates, nor are they permitted to handle food as long as they are infectious.

The Federal Supreme Court of Germany has been discussing the possibilities of rendering all prisoners free of infection. They have tried to get the support of the national sickness insurance institutions, but as many of the prisoners are not insured there has been some difficulty experienced regarding the cost of treatment. As a rule the State has to pay the cost attached to the treatment of all prisoners.

To give men, women, and children undergoing detention the benefits of careful examination and treatment as well as social service work with their families not only tends to promote their good will and rehabilitation, but safeguards the public health.

A law in the State of Maine provides that superintendents of State, county, and municipal charitable or correctional institutions shall report to the State department of health any inmate about to be released who is afflicted with a venereal disease in an infectious stage. This report is required to be made not later than 14 days before the date of release so that the State Department of Public Health may institute the necessary measures to protect others from such infections.—(Ven. Dis. Inf., May, 1926.)

### Hydrophobia on the Increase

The prevalence of rabies has increased seriously in the State this year. During the first five months the disease was demonstrated by laboratory test in 91 animal heads, mostly dogs but including horses, cows, hogs, sheep and cats also. Of these examinations, 46 were made in the diagnostic laboratories of the State Department of Public Health at Springfield and Carbondale, 40 were made at the University laboratory in Urbana and 5 were made in the city health department's laboratory at Chicago. Doubtless a considerable number of heads were examined during the same period at other laboratories.

Three human deaths from rabies had occurred in the State during the first half-year, according to newspaper reports. Up to June 7 a total of 41 persons had been under anti-rabic treatment through the functions of the State Department of Public Health. It is quite probable that others had availed themselves of such treatment from other sources.

Considerable loss of live stock were reported during the first half year. In some localities the losses were severe enough to create a feeling of alarm. Quite a large number of valuable animals have been given preventive treatments.

Infected areas are well distributed throughout the southern and central counties of the state. The 91 specimens referred to above came from 44 different counties. Since a large majority of these heads were of dogs, it is probable that a much wider area than that in the immediate vicinity of the points of capture was exposed to infection. A map on the back cover of this bulletin shows the location of points from which infected animal heads were shipped to the four laboratories named above during the first five months of 1926.

It may be added that heads of animals in which rabies was recognized at the state diagnostic laboratory have come from points further north than at any other time in recent years. Not only has the disease increased in prevalence but it has spread northward over a much wider area than has previously been observed. Up until recently rabies was considered endemic in the southern part of the State. Now it is epidemic in the central section with a tendency to spread still further north.

Other states have experienced serious increases in the incidence of rabies. Indiana recently saw fit to institute vigorous control measures. At a meeting of state health officers in Washington late in May, the matter was up for discussion and a resolution favoring uniform control measures adopted.

(Continued on page 49)

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### Dr. Matthews Joins the Staff

The staff of Contributing Editors has received a notable accession in the person of Dr. Harvey Burleson Matthews, the distinguished gynecologist of Brooklyn, New York. Dr. Matthews has done much work of a high order in the past for the MEDICAL TIMES, and we feel especially fortunate in linking him more closely with our organization.

### A Notable Contribution

The psycho-pathology of disease in general is exciting increasing interest; that of tuberculosis in particular is commanding attention.

This is not only because of diagnostic and clinical considerations, but on account of the known effects of the toxins of tuberculosis upon the mechanisms and products of the creative mind—in other words, upon that species of mankind known as the genius.

There is, perhaps, says D. G. Macleod Munro (*The Psycho-Pathology of Tuberculosis*, Oxford University Press, New York and London, 1926), no subject in medicine more fascinating and illuminating than the story of the psycho-pathology of genius, especially in relation to tuberculosis.

While Munro's very brief but masterful study covers the entire field of the psycho-pathology of tuberculosis, his presentation of the genius phase occupies about one-third of the book's space, showing how important he considers this phase to be.

From the standpoint of diagnosis, the tuberculous significance of many so-called neurasthenic, psychasthenic, and psycho-neurotic states is ably clarified by Munro. His principles, applied, advance diagnostic pos-

sibilities enormously. What we now call incipient tuberculosis is really far advanced disease from this clinician's viewpoint. He describes this new field for early diagnosis with a marvelous economy of words, and the practitioner who reads the description will have his resources vastly increased.

The brevity of this writer's style of presentation will charm the practitioner who wants his data submitted in vital fashion, without tiresome and unessential padding.

The psycho-pathology of latent or incipient tuberculosis, that of the middle stage, and that of advanced disease, possesses distinctive elements peculiar to these various phases of the disease, and Munro reveals these elements with fine discernment.

Phthisical insanity, the sexual factor in tuberculosis, and psychotherapy in the treatment of the disease are related topics which this work presents effectively.

Munro's discussion of tuberculosis in relation to genius is a striking revelation of medical insight. His exposition of how the disease has operated upon the creative mechanisms of infected geniuses brings our knowledge of this fascinating subject to full fruition.

The importance of the subject derives from the indubitable fact that the toxins of tuberculosis produce an intoxication which releases intellectual inhibitions and stimulates the cerebral functions as well. There is a growing mass of data on this very important matter.

Munro has chosen his examples well, and one finds the recital of their toxin-inspired lives altogether arresting. He reports in more or less detail the cases of Balzac, Robert Louis Stevenson, John Keats, Thomas De Quincey, Francis Thompson, Aubrey Beardsley, John Ruskin, Ralph Waldo Emerson, Schiller, Goethe, Jane Austin, the Brontë family, Maurice de Guérin, John Addington Symonds, Thomas Hood, John Locke, Laënnec and Trudeau.

It is an extraordinary fact, especially noted by Munro, that in many cases the most brilliant imaginative contributions to the world's cultural treasury were made when the disease was in a very active state, and at times, indeed, in its last stages. No other infection produces such effects.

A study which throws such strong light upon a phase of disease not heretofore understood very widely we consider of paramount importance. That light has shown sporadic glimmerings in medical literature throughout the past two centuries. To-day it is shining brightly, thanks chiefly to Munro's insight and remarkable powers of exposition.

### Art and Science

Probably the extent to which we realize that points of contact between art and science are vivifying and mutually helpful is rather limited. To an extraordinary extent the early development of medical science ("the mother of the sciences") was dependent upon progress in art. The Greeks were vastly intrigued by the strength and beauty of the human body and its cultivation was adopted "with a view to the harmonious development of all the physical faculties, and to the attainment of the greatest measure of strength, dexterity, and self-confidence, of physical perfection and beauty" (Karl Sudhoff). Therefore the Greek artists and their Italian successors of the Renaissance studied bodily organization very thoroughly in response to the idealization of the physical that pervaded their worlds. Such realism in art as these artists attained was only made possible by dissection, while the beauty that they sought to carve in marble was only possible through health. The birth of hygiene and of science was thus insured. As show-

ing the skill to which such artists attained let us quote Vesalius: "As for those painters and sculptors who flocked about me at my dissections I never allowed myself to get worked up about them to the point of feeling that I was less favored than these men, for all their superior airs." Garrison and Streeter point out that so close was the relationship between the physicians and painters that together they constituted a great guild for more than two and a half centuries. The artists were beholden to the physicians and their agents in foreign lands for pigments, while the physicians were beholden to the artists because of the peculiar favor in which the latter were held by the Church. "By decorating cathedrals and basilicas with beautiful paintings throughout the length and breadth of the land, they secured the good-will, and in some cases the tacit consent of the Church, to the practice of human dissection, upon which their art depended." What this meant in the development of medical science is quite obvious.

There are still, to those not blind or dull, "innumerable points of magnetic contact between science and art."

#### Psychiatric Clinics

The most important approach to the pressing crime problem is by way of psychiatry. We can at least study the known criminal thoroughly before paroling him. Provision has been made for a psychiatric classification clinic at Sing Sing. In view of the pending reorganization of the State Government it would seem to be an opportune time to inaugurate psychiatric methods throughout the whole penal system. It is a curious fact that despite our considerable knowledge of psychiatry in relation to crime next to nothing has been done in application of that knowledge to practical penal problems in New York State and elsewhere.

It is only through the development of the psychiatric clinic that we will ever be able to deal constructively with the problem of crime. There would be no need for a Baumes law if such clinics were functioning where they are needed, for the recidivist under an indeterminate sentence would be identified and never paroled or discharged, while justice would be done to those capable of reformation.

In our manner of dealing with criminals we are just about where the hospitals were when they began to introduce trained nursing. Another decade will see as great a transformation in the prisons as took place in the old hospitals when humane and intelligent methods were introduced.

Perhaps in the future there will be overreaching in this very matter, for it has already been suggested by an educator that boards of police officials and psychiatrists be appointed to observe pupils in the public schools regarded by their principals as potential criminals. Dangerous as such an application would be, the idea carries an air of inevitability.

#### The Late Ernest S. Bishop

The recent death of Dr. Ernest S. Bishop, noted as diagnostician, consultant, editor, author and research worker in the field of narcotic addiction, has been all the more poignantly felt because of the conviction of his friends that his death was in part due to the martyrization to which he was subjected over a period of years by the Dogberrys of bureaucracy.

The *White Cross*, organ of the International Antinarcotics Society, had the following remarks to make in its issue of November, 1926:

"When the Bureau of Revenue took control of narcotics in 1919, Dr. Bishop was one of seven physicians

of outstanding prominence throughout the country whose protests against the methods of the bureau brought them under indictment for alleged infraction of the bureau's regulations. The allegations were of such insubstantiality that no efforts of Bishop's legal advisers could ever bring them to trial. But if the object of the bureau was to terrorize physicians generally, that end was fully accomplished. Those who are familiar with the methods by which others of our best physicians have been hunted down can understand what the result would be when an intensive application of such methods was resorted to in the hope of securing incriminating evidence against Bishop. He came through unscathed, but it was with severe financial impairment and the destruction of his health. His death, whatever may have been its immediate cause, adds one more to the list of medical martyrs."

It was about a year ago that Assistant Attorney General William J. Donovan ordered the indictment "abandoned on its merits and nolle prossed."

Dr. Bishop's heresy appears to have consisted mainly in the recognition of addiction as a curable disease rather than a habit.

His was the logical fate of the conscientious objector, of oppressed minorities, of him who acts in defense of free speech, and of all humane pioneers. As these burn at society's stakes the bright fires light the rest of us toward goals of freedom.

## Miscellany

#### The Thomas Henry Simpson Memorial

A sick man laid in his bed in a great home in Detroit one day some three years ago. He was soon to know the answer to the great question of the universe and he knew that to be so. He had been ill a long time with one of those slow diseases that mocked the efforts of all medical science, pernicious anemia.

"Illness is the great scourge of mankind," he told his wife. "When I have gone I would like to see a hospital or research unit at Ann Arbor, in the university, where suffering humanity can be helped by original research of trained scientists."

The man died in course of time and within a few months the doors of one of the greatest original research units in any American university will be thrown open to visitors and will begin to function in its work of discovering the secrets of disease that disease may be conquered. The opening of those doors and the death of the man with pernicious anemia are linked, for the unit is the gift of the widow, a living, working, vital memorial.

The man was Thomas Henry Simpson, Detroit manufacturer, and the building is to be known as the Thomas Henry Simpson Memorial for Medical Research.

The building, located near the new University hospital, was erected at a cost of \$225,000 and has an endowment of \$250,000. Said to be one of the most completely equipped in the country, the structure is nearly finished and, it is expected, will be formally dedicated on or about Jan. 1.

Under the terms of the gift, the problem of pernicious anemia is the first to be attacked and, should it meet with a solution here or elsewhere, a new program of activity will be decided upon by a committee composed of Dr. Clarence Cook Little, president of the University; Dr. Hugh Cabot, dean of the medical school, and Dr. Harley A. Haynes, superintendent of the University Hospital.

The building, both exterior and interior, is striking. While presenting but three stories when viewed from the front, due to its location on a steep hill-slope, it is in reality five full stories high.

One enters a superb reception hall, paneled to the ceiling with hand-rubbed American black walnut. The floor is tiled in squares of green and white marble and a massive marble fireplace adds further dignity to the room. A bronze bas-relief of Mr. Simpson set into the paneling of the west wall is particularly worthy of attention.

The library, also on the main floor, is high-paneled and spacious. Classrooms, photographic darkrooms and a workshop for the making of necessary scientific apparatus have been given space in the basement. On the first floor, beside the reception room, there is a director's room, assistant director's room, library, examining room and X-ray department.

There are eight laboratories on the second floor, one for bacteriology, one for chemical analysis, one for pathological research and the rest "unit" laboratories which may be put to any use.

On the third floor is a small observation hospital accommodating 10 patients, two wards and several private rooms. Each room and ward has access to a balcony running the width of the building from which the rolling wooded country may be seen.

Temporarily, Dr. James D. Bruce, director of the department of medicine at the University, will function as head of the Memorial. An advisory board consisting of Dr. Cabot, Dr. Bruce, Dr. A. S. Warthin, Dr. H. B. Lewis and Dr. P. M. Hickey will control the program of work and enroll the staff.

Pernicious anemia, according to Dr. Hickey, has thus far baffled medical science. In lay terms, the disease turns the blood to water. Strangely enough, it is not so frequently found among the poor as among the wealthier. One of its manifestations is continuing indigestion and it is often confused in diagnosis with cancer of the stomach.

Research work was not the only direction in which the golden flood of Thomas Henry Simpson was directed. A bequest to employees of the Michigan Malleable Iron Company included over \$175,000. This great sum was divided among 83 employees who had been associated with the company over a long period of years, and ranged in sums from \$300 to \$50,000.

—Detroit Free Press.

(Concluded from page 46)

The muzzling of all dogs that are allowed to run at large is generally conceded to be the most practical control method for general application. Immunization will usually protect dogs against infection from rabies but it is difficult to determine accurately what dogs have been or have not been immunized, whereas a muzzle is apparent at sight, not only making it easy for officers to enforce the law but giving absolute protection to children and to valuable live stock against rabid as well as vicious dogs. It is recommended that local municipalities and counties pass and enforce ordinances for the control of rabies.—(Ill. Health News.)

#### Goiter Data

The stunted growth of individuals deficient in thyroid tissue and the augmentation of height of those in whom the gland is hyperactive have led to the popular belief that simple goiter retards physical development. In order to gain some information on this point the United States Public Health Service made 12 uniform measurements of 1,341 white boys and 1,576 white girls in eight Cincinnati schools. As a result of this study it was found that better nutrition and posture, according to the estimates of the examining physicians, were slightly more frequent among the thyroid-normal children. Underweight was more frequent among those having simple thyroid enlargement.

## Surgery

### Gland-Grafting

Grafting of glands is still on its trial. The experiments of Steinach, Voronoff, and others gave ground for hope that a new weapon against hitherto unconquerable diseases was to be placed in our hands. But grafting soon revealed itself as very uncertain. The proportion of grafts that take is not large, and the laws that govern a graft's chance of survival are still imperfectly understood. The vitality even of a slip that seems to have taken hold is open to dispute, and the slip itself always seems to disappear after a short time. No proof has indeed been offered that a graft ever acquires cellular activity of its own, or that its virtue is appreciably greater than so much glandular tissue introduced into the alimentary canal. This being so, the report of Dr. Frugoni and Dr. Scinone, of Florence, *Presse Médicale*, March 20th, 1926, on a case of chronic tetanus treated by a graft of human parathyroid into the tunica vaginalis, after the method described by Voronoff, is worth study. No one case can prove a theory or establish a method, but this success will encourage other investigators to take heart. Undoubtedly many experiments which have failed through a bad choice of site for the graft would, if repeated on the lines indicated, give more decisive results.

The patient was 21 years old, electrician by trade, a very heavy smoker. Family history good. At 16, after a heavy meal of plums, he had an attack of acute gastro-enteritis accompanied by a typical tetanic attack—"obstetrical" hands, painful rigidity of the arms with the forearm flexed and the upper arm pressed against the trunk, spasmodic rigidity of the lower limbs, abdominal contraction, difficulty in breathing, opisthotonus, diplopia, and lockjaw. This attack lasted three days; psychic and sensory function remained normal. After five months he had another and thereafter further attacks, at diminishing intervals, up to four in a single night. Between the attacks he sometimes lost consciousness and fell. His constitution was robust, but his general condition was not good; panniculus poor and mucosae pale. Pulse and respiration regular and intelligence normal; but disposition impulsive and restless. He had a slight exophthalmos, a weak conjunctival reflex, and nystagmus on glancing sideways, with strabismus due to spasm of the internal rectus.

Chvostek's sign was well marked; percussion of the facial muscles or of the sterno-mastoids, especially at their insertion, and of the abdominal muscles, would produce lively contraction. Troussseau's sign was actively present. The sign of Lasègue was absent, but if the extended leg were flexed on the pelvis severe cramp overtook all its muscles, especially those of the foot, which showed a hollow sole with the great toe in violent flexion. The attacks were sometimes accompanied by genuine epileptic seizures, with loss of consciousness. The effect of calcium chloride injections was transitory and the most intensive antisyphilitic remedies gave no result. The cause of the deficiency was probably a specific syphilitic lesion. An active gumma or arteritis would hardly have taken so long to produce the effects, nor would it have been so intractable to the ordinary remedies. The operation followed the technique of Voronoff. Under novocaine anesthesia an incision 7 cm. long was made in the tunica vaginalis, the testicle withdrawn, and the graft fixed on its medial side in the cul-de-sac near the epididymis, fine catgut being used and drawn, not through the glandular tissue, but through the fringe of fat and connective tissue surrounding the gland.

When the operation was performed the patient was undergoing six or seven long and extremely painful attacks every day. The graft effected on June 11th had an almost instantaneous effect. On the next day but one following it took three minutes to provoke the Troussseau sign, which hitherto had appeared at once; two days later the leg would not cramp under flexure and Troussseau's sign had disappeared. It came back from June 16th to 25th, and then vanished for good. Chvostek's sign, although much less conspicuous, was still present up to the date of the report, showing that a slight parathyroid deficiency remained which the graft had not succeeded in compensating. Others have noted this persistence. Meanwhile the patient, released from his pain, picked up amazingly. Excitability tests, taken after 15 to 25 days, showed that while the state of the facial muscles was unaltered, the threshold for those of the arm was considerably raised.

Most important of all, the transplanted gland was felt on palpation firmly attached to the testicle, and at the end of five months it had lost nothing of its volume. Much of the interest of the case depends on how long the graft will survive, but it

has served to prove the connection between chronic tetany and parathyroid deficiency and to demonstrate the advantage of Voronoff's innovation. Even if the hopes of the authors are destroyed by the ultimate disappearance of this, as of most grafts, they have at any rate made a substantial contribution to the resources of gland therapy.—(*Lancet*, May 1, 1926.)

#### Oblique Inguinal Hernia

There are few operations more frequently performed than those for the radical cure of oblique inguinal hernia, this because the procedure in itself is safe, results are reasonably assured, conservative treatment by truss is harassing at the best and usually to an extent crippling, and industry and public service refuse to accept those suffering from this form of bodily infirmity.

At one time, and this not so many years ago, hernial operations were performed as a rule only for the relief of the complication of strangulation. The comparatively few radical cures, attempted for permanent retention of the abdominal content in the absence of complications, were followed by an unsatisfactory percentage of recurrence. This was the time when practically all wounds suppurred, when local anesthesia was practically unknown, when general anesthesia was given unskillfully.

At the present time an infant or child with an oblique inguinal hernia may be operated on in a few minutes by ligation of the sac and may safely be taken home and cared for if under supervision by an intelligent mother. The youth or adult may, under local anesthesia, have his hernia operated on with at least 90 per cent assurance that it will remain permanently cured. He will have little postoperative pain. He will be required to rest in the recumbent position, not necessarily on his back, for two weeks, and probably will be directed to wear some local support and to avoid violent physical effort for a further period of two months.

As to the cause of oblique inguinal hernia, there is a wide, but not universally accepted, view to the effect that it is always due to a congenital sac of peritoneum; a potential hernia which becomes obvious only when the intestinal content is forced into this sac. A further contributing cause is a narrow attachment of the internal oblique and transversalis muscles to the outer portion of Poupart's ligament. The lower border of these muscles arching forward and downward forms the conjoined tendon, leaving a weak space between their borders and Poupart's ligament; protected only by the cord and the fascia of the external oblique and the transversalis.

For the purpose of giving strength to this space the Bassini operation brings the conjoint tendon and the lower border of the internal oblique and transversalis in contact with Poupart's ligament, lessening the diameter of the internal ring and leaving only enough space for the passage of the cord. At the position of the internal ring if the transversalis fascia be sufficiently well developed the stitch should include this fascia, thus narrowing that aperture through which the hernia first escapes.

There have been many modifications of the Bassini operation, practically all of them having for their end the closure of this weak area and the narrowing of the internal ring. Perhaps the one most widely accepted is that by virtue of which, together with the two muscles, the upper flap of the split external oblique fascia is also brought down to Poupart's ligament, the lower flap then being stitched over the cord.

A study of recurring cases has shown, at times, that though the muscles have been closely stitched to Poupart's ligament union has not taken place; and though the sac has been tied high up the opening in the transversalis fascia has been sufficiently large to allow of new hernial formation; incident usually to repeatedly abdominal strain as from constipation, urinary obstruction, or chronic cough. Koontz has shown that muscle will unite to fascia providing the thin areolar tissue covering the two surfaces be scraped or forcefully wiped off; and even more surely and permanently if the muscle be freshened by the removal of a thin strip from the area to be joined.

It is theoretically true that in the present day wounds made in healthy tissue should heal by first intention; that they do not so do, and this particularly in regard to hernial operations, is a matter of common experience. Gross infection with the usual pyogenic organisms is rare, but from 4 to 10 per cent of hernial wounds even in the best conducted clinics, and a much larger percentage in others, fail to heal promptly and completely. After some days, and at times some weeks, an area of softening develops, with perhaps a slight rise of temperature. The fluid content is evacuated, either spontaneously or through puncture. If the resultant opening does not close promptly there comes from it ultimately catgut knot.

This failure of primary union when not due to gross infection can be attributed either to failure in complete hemostasis, or to strangulation of tissues by sutures applied too tightly, or to the presence of unabsorbed catgut.

This complication may be avoided by doing away with catgut except in the deeper parts of the wound, i. e., in ligation of the

crushed neck of the peritoneal sac, and by securing apposition of muscle and fascia to Poupart's ligament by removable sutures with broad bases of skin-support at some distance from the edge of the wound, thus giving an elastic and yielding apposition to changes of intra-abdominal tension or to the movements of the body. By such sutures properly placed the skin and fat lie in close but not strangulating apposition, and dermal edges may be secured by a few clips or sutures.

It is interesting to note that in one hospital, by substituting removable sutures for buried catgut, the percentage of this mild form of infection was greatly reduced.—(*Ther. Gaz.*, July, 1926.)

#### The Use of Anesthetics in Children

The method of inducing surgical anesthesia has made a number of extraordinary advances during the last two or three decades. When we look upon the drenching of patients with ether years ago, we realize how little we appreciated the danger of such free-handed use of a powerful agent. This abuse existed for a shorter time with chloroform, because, it being a more dangerous drug, accidents or fatalities soon convinced medical men of the caution that was necessary.

Of course, another great advance has been the use of infiltration anesthesia in suitable cases. A third advance has been the almost universal practice of the day in administering morphine and atropine prior to operation, and, last of all, it has come to be recognized that psychic shock is a very powerful factor in surgical cases. Some of us fully recognized this many years ago and found that by talking to the patient in the early stages of anesthesia, or for a few minutes before the anesthetic was given, about some matter which was agreeable and interesting we induced a relatively pleasant mental state before full unconsciousness was developed, so that the patient dreamed of her flower garden rather than of some terrifying condition closely allied to those of a nightmare.

As the author has recently stated in an address before a medical society, there is still too little attention paid to the noises which assail the patient while waiting for the anesthetic or during the early stages of anesthesia. They hear the cries of children in a neighboring part of the building, undue conversation, loud or whispered, on the part of the nurses and assistants. Or they see about them sterilizing apparatus, operating tables, and glass cases filled with instruments, all of which produce a state of mental perturbation, because no patient is familiar with these objects and thinks of them as a manifestation of evil and not as innocuous.

Recently a discussion on this important subject in connection with the use of anesthetics in children was held in the Section on Anesthetics of the Royal Society of Medicine in London, and in that discussion Sington well pointed out that no nervous shock or strain to the central nervous system should ever be allowed, and, further, that at different stages in infancy and early childhood the patient presents conditions quite different from those met with in adults. He wisely emphasizes the necessity of gentle handling, encouragement, and diversion of the child's mind, and insists that no time, patience, or trouble should be spared to make the induction of anesthesia as little disagreeable as possible. Too often the white-gowned anesthetist, who is a perfect stranger to the child, is looked upon as an executioner, and again too often he or she immediately proceeds to the task of producing anesthesia without doing anything to gain the child's confidence. If time permits, the child should be taught to have confidence in its nurse, yet just at the most critical time in its preoperative career the child, whose little mind has been gradually attracted by her kindness, finds that she suddenly appears with a strange object called a hypodermic syringe, which to the child is an alarming instrument, an alarm which is justified by the subsequent jab, and all confidence is destroyed.

It not infrequently happens that a youthful resident appears with tongue forceps glittering from the lapels of his coat, or from a pocket, and applies a binaural stethoscope, which is just as fearsome an object to a child as an automatic revolver would be to a gentle woman.

Most of these difficulties are absolutely unavoidable.

Unfortunately, the taste of morphine is bitter, but if it is thought that atropine may be used by itself, there is no reason why it cannot be given by the mouth in solution, as it is practically tasteless. The action of atropine is so prompt that its effects are established if it is given by mouth half an hour, or at the most an hour, before operation.

Sington tells us that the custom at the Great Ormond Street Hospital in London is to give atropine sulphate by mouth one hour before the anesthetic is administered, and they have employed the following dosage:

Up to 6 months of age, up to one-300th gr.  
From 6 months to 1 year, one-200th gr.  
From 1 year to 2 years, one-150th gr.  
From 2 years to 3 years, one-100th gr.